*		1	Item 21a G547 9/3/80 dad FOR 1 - STATE REGISTRAR STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 CERTIFICATE OF DEATH REG. NO.
			DECEASED NAME BASIL KMN ADAMS 20 DATE OF DEATH MONTH DAY YEAR 26 HOUR TYPE OR PRINT) BASIL KMN ADAMS 20 DATE OF DEATH MONTH DAY YEAR 26 HOUR AND 845
	rie Our		MALE B S. DATE OF BIRTH MONTH DAY YEAR 10 AGE (A VEAR LAST METHODAY) AGE TO THE DAY OF THE DAY AGE TO THE DAY OF THE DAY AGE.
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YLAND 21	y filled in should be in should be	5	SOUTH RESIDENCE IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 136. STATE 136. CITY OR TOWN 137. H.
MAR	ompletely 1 and 2 s	2/	WILLIAM HJAMS NAME WILLIAM HJAMS NAME PATHER'S MAIDEN NAME
BALTIMORE	on and ce	1	WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT ADDRESS (VES. NO OR UNKNOWN) (IF VES. GIVE WAR OR DATES) 214-18-7377A ATLANE ALAMS 309 CHEASOPORKE
ST., BAL	g physici on paper emaval event, th		18 CAUSE OF DEATH (Enter only one couse per line for 101, (b) And (c) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)
STON	ation, or r		Conditions, if ony, which gove rise to immediate to immed
	d by the lease remial, cremo		cause Ial. stating the underlying cause last. DUE TO CONSEQUENCE OF Reop. Failure Yes-
	equires in signe Then p		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1/01
AL RECO	hos be permi	9	190 DATE OF OPERATION 190 CONDITION FOR WHICH OPERATION WAS PERFORMED 200. AUTOPSY? 200. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO 210. ACCIDENT WAS UNDERLYING 210. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTERNATURE OF INJURY IN ITEM 18. PART 1 OR PART 2)
DIVISION OF VITAL RECORDS	og physicia certificate mal-transit ental Hygie	/	OR CONTRIBUTION TO CAUSE OF DEATH HOUR A.M. MONTH DAY YEAR
IVISION	After this as the builth and M	9	(IF ETTHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED WHILE AT WORK NOTIVHILE AT WORK P.M. 19 21f. LOCATION STREET DO not know answer to 21f. COUNTY STATE
	spital or o	9	220.1 certify that (I) (this horizontal) attended the deceased from May 30, 1980, to Jeve 2, 1980, that (I) (ver) lost sow the deceased alive on 1980, and that in (May explore death occurred on the date and hour and from the couses stated above, (I) (and not) view the bady after death.
	y the ha y the ha tal DIRE detached ate Dept		22 SIGNATURE DEGREE ATTENDING MEDICAL STAFF CONTROL OF THYSICIAN DIRECTOR PHYSICIAN DI
	TO FUNERAL Should be de with the State	1	TARY M. Rich ARdson, MD 104 FORbes Street ANNApolis, Md, 2140
	BP	2	BABURIAL, CREMATION, REMOVAL 236, DATE 236, DA
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eath. Page 4 may.be

	4	V.	FOR STATE REGISTRAR	DEPAR	TMENT OF H	EALTH AND MENTAL HYGI ICATE OF DEATH	REG. NO.	166	1 5	
0	7		CEASED NAME Anniq	Matilda Ta RACE	AL DATE O	I C N	20. DATE OF DEATH MO	-26-80	M UNDER 24 HRS	
rector, or after	and a		F	7	MONTH	-12-25	55	YRS.	OURS MIN	
uneral di in 72 hou	33	M	RTHPLACE INTATE OR FOREIGN	U.S.A.	WIDOWE		I AMULTICULUSUM			
in by the fifed with	353	A	MAPOLIS	HMM HEUNALL	Collection	pral Hosp	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF W		USINESS OR	
tely filled in should be f	miner m	MA	RYLAND 136 A.	OR OTHER INSTITUTION, GIVE RESIDENCE BEF			YES NO 2170 Mulberry Hill			
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Pages 1 a	t, the me	No V	VAS DECEASED EVER IN U.S. A	RMED FORCES? 166 SOCIAL SEC VE WAR OR DATES) 2/9-12-	4	Amnapolis, Mulberry Hill				
ding physica fron papers. or removal.	umatic even		PART I. DEATH WAS CAUS	only one cause per line for (a), (b), one cause per line for (a),	Les Co	ema		APPROXIMA BETWEEN ONS 2 M G	ET AND DEATH	
gned by the atten please remove ca burial, crematton,	njury, or other tra		Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. PART 2 OTHER SIGNIFICANT	DUE TO, OR AS A CONSECUTION OF THE CONDITIONS CONTRIBUTING TO	DUENCE OF	of the here	NAL DISEASE OR CONDIT	ON GIVEN IN PART 1(a)	Yiylan	
te has been s permit. Ther iene prior to	shows any	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHIC	TH OPERATION	N WAS PERFORMED		106. IF YES, WERE FINDING: N CERTIFYING CAUSES OF YES		
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ECTOR: A	m 21 is n		saw the deceased alive a	in	-	nd that in (my) (eur) opinion d	, to		at (I) (we) last uses stated	
the hosp IAL DIRE etached f ate Dept.	VT: If Ite		226. SIGNATURE	Jochuan	1	ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAL	NO 7/2	J/80	
TO FUNEF	MPORTANT		R. I. Hou	hman. Tuis		16 Murray	Que, Ayera	oly red.	21401	
BP	2		BURTAL BURTAL	L 23b. DATE 23		emetery or crematory BROADNECK CEME			state	
DHMH-16 (VRA 15, 4			UNERAL DIRECTOR LLTAM REESE & 1	SONS MORTURRY, P	apolis	, Md. 250 DATE	3 0 1980	Bur Jakas Jacob	many .	

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Singleton Funeral Home Glen Burnie

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

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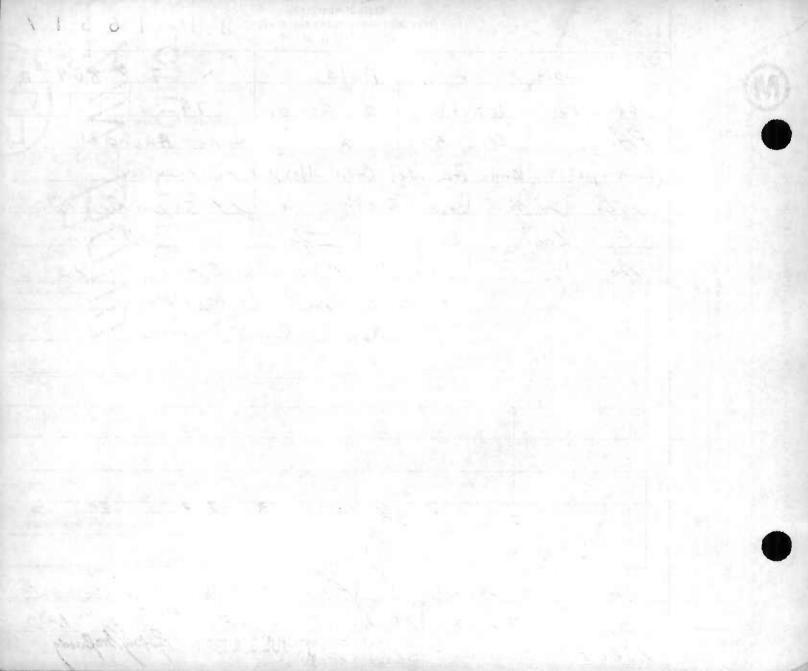
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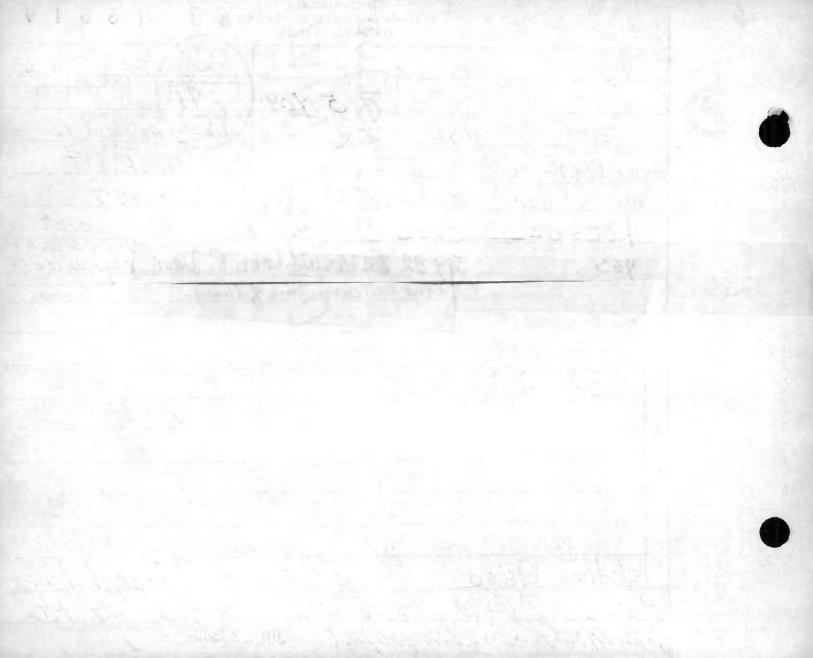
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					STATE OF MARYLAND		
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death Pogresianed by the hospital ar attending physician.		1-	FOR STATE REGISTRAR	DEPA	RTMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE 8 0	16617
,			CEASED NAME FIRST	WIDDLE	LAST	20 DATE OF DEATH MO	NTH DAY YEAR 26 HOUR
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 PITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours by the hospital or attending physician.	de o	(TYPE	LO15	V	Auld		7 8 80432 PM
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YLA	C (2)	14. F	THER'S NAME	Dever	15. MOTHER'S MAIDEN NA	AME	CH NIVER NO:
MAR			AIRST OURS	Vane	FIRST	MIDDLE	Wilson
RE, I	5 0-	lán V	VAS DECEASED EVER IN U.S. ARMEL	FORCES? 166 SOCIAL	ECURITY NO. 17 INFORMANT	ADDRESS	
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ECO	beer mit. prior	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WH	ICH OPERATION WAS PERFORMED		Ob. IF YES, WERE FINDINGS USED N CERTIFYING CAUSES OF DEATH?
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۵			220.1 certify that (1) (this hospital)	attended the deceased fro		10 7 · 3	. 19 50 , that (1) (we) lost
	Pirfel Prifel STOR for u		sow the deceased alive on abave, (1) (we) did) (did not) vi	ew the body oftendeath.	, and that in (my) (OUE) opinion	death occurred on the dote	and hour and from the causes stated
	OR A DIRECTOR DIRECTO		226 SIGNATURE	10 2/-//	DEGREE		224. DATE SIGNED
	SPITAL O S by the NERAL DI be detoch e Stote De		14 male	X N W		DIRECTOR PHYSICIAL	
	- 0 0		274 PHYSICIAN'S NAME (TYPE OR PRI	NT)	22e ADDRESS		MO.
	TO HOSPITAL retained by 11 TO FUNERAL should be defined with the Stote MPORTANT:		Doneld H.	14:3/op	Robinson K.	d. 7 Owens 0	Vay . Severna Paris
	F	23a. E	SURIAL, CREMATION, REMOVAL 2 SPECIFY)	_	I NAME OF CEMETERY OR CREMATORY	23d. LOCATION	COUNTY STATE
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A i (NA)	7a. B	IRTHPLACE ISTATE OR FOREIGN	76 CITIZEN OF WHAT COU	NTRY? 8	9. BALTIMORE CITY C	PR COUNTY OF DEATH
1	/	OUNTRY TLL	USA	MARRIED NEVER MARRI	D ANNE	ARUNDEL MD.
ofter d	10 C	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, N	URSING HOME OR OTHER INSTITUTION (ESTREET AGORESS)	ON 12a USUAL OCCUPAT	ION 111 OF BUSINESS OR DEWORKING LIFE) IN FULL OF BUSINESS OR
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TAL REC	CERTIFICATION	The Dath Carl of America	170 CONDITION TOR	WHICH DERATION WAS PERFORMED	YES T NOW	IN CERTIFYING CAUSES OF DEATH?
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OR ATT OR ATT or hed to Dept of Dept of		above, (1) (we) (digl) (did n	ot) view the body after death.	DEGREE	upinion death occurred on the c	ate and hour and fram the causes stated
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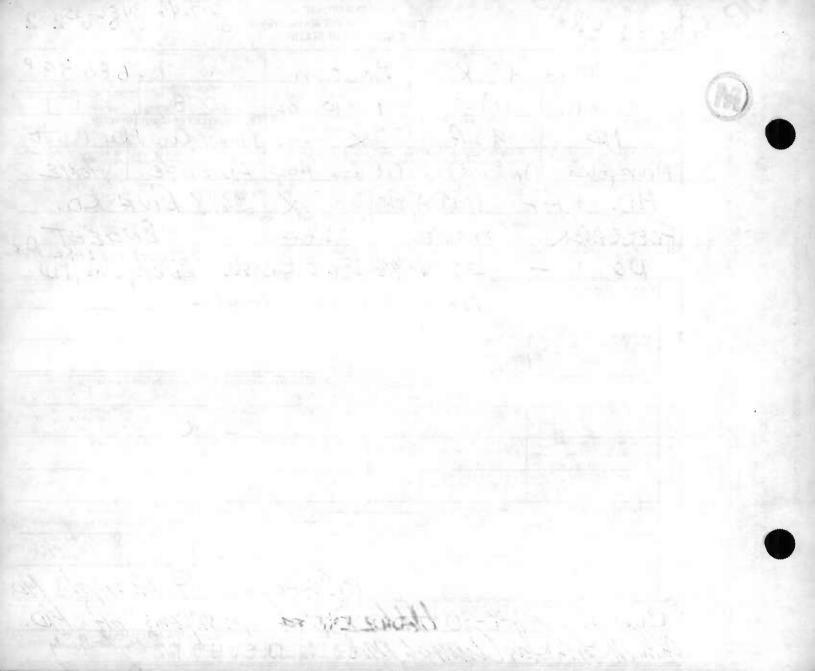


	- STATE REGISTRAR				CERTIFICAT	E OF DEATH		REG. NO.		0 0	DST
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o te pag 7	BIRTHPLACE (ST			S. A.	MARRIED X	NEVER MARRIED		RUNDEL	UNTY OF		MC
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Item 18	21a. ACCIDENT	VAS UNDERLYING	216. TIME OF			HOW INJURY OCCUP					
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n 21 is mark	220 I certify t	hat (I) (this hospite deceased alive on_	7 - >	19	and that	t in (my) (our) opinion	deoth occurred	7 - 1	19_		
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NND 212	filled in t uld the fill miner mu	35	USU/ 13e S	AL RESIDENCE (IF NURSING HOME OF	OTHER INSTITUTION, GIVE RESIDENCE BEFORE	ADMISSION) 134. INSIDE CITY LIMITS? 2065 YES NO D	130. STREET ADDRESS	PIVA RD.
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BALTIMORE,	an and co Pages 1 a	T		VAS DECEASED EVER IN U.S. ARI	MED FORCES? 166 SOCIAL SECUI	3486 IDA B. Ru	SSELL AND	BCHESAPEAKE HUE
PRESTON ST., BAL	the attending physici smove carbon papers. emation, or removal. other traumatic even			PART I. DEATH WAS CAUSE	y one cause per line for (a), (b), and by: E CAUSE (a) DUE TO, OR AS A CONSEQUE	In my holonte	/ my ogehn	APPROXIGATE INTERVAL BETWEEN ONSET AND DEATH
201 W.	n signed by a nen please re to burial, cr y injury, or		NON	couse (o), stoting the underlying couse lost. PART 2 OTHER SIGNIFICANT C	DUE TO, OR AS A CONSEQUE	EATH BUT NOT RELATED TO THE TERM	LINAL DISEASE OR CONE	DITION GIVEN IN PART 1101
AL RECO	te has be permit. giene prio	2	CERTIFICATION	190 DATE OF OPERATION	196. CONDITION FOR WHICH	OPERATION WAS PERFORMED	200 AUTOPSY?	206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES \(\bigcup \text{NO} \)
DIVISION OF VITAL RECORDS,		9		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (IF EITHER, NOTIFY MEDICAL EXAMINER)	21b. TIME OF INJURY HOUR A.M. MONTH DA P.M.	Y YEAR 19	RED LENTER NATURE OF INJUR	Y IN ITEM 18, PART 1 OR PART 2)
DIVISION NDING PH	trending physi After this cert s the burial-tra th and Mental marked or Ite		MEDICAL	21d. INJURY OCCURRED while not while at work	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FA	(RM, ETC.) 211 LOCATION STREET	CITY OR TOW	N COUNTY STATE
TEN	TOR: use a r Heal			sow the deceased alive on, above, (1) (we) (did) (did not	ol) oftended the deceosed from	ond that in (my) (ever) opinion	deoth occurred on the do	te and hour and from the causes stated
ITALOR	IN the hospita EHAL DIREC IN tached for IN E Dept. O'			226. SIGNATURE A.R	u-		MEDICAL STAF	F AND 224. DATE SIGNED
O HOSP	retained by TO FUNE should be with the 5 MIPORTA	1		224 PHYSICIAN'S NAME (1996 OF	PENT)	121 CAFFED	eal St	HAWAPOLIS HO.
	BP		73a 8	SUPIAL CREMATION, REMOVAL	730-80 H	LOCEST 4	HUNAP	phis wiff Pio.
	DHMH-16 25N (VRA 15, 4) 1/		Je	The Man of the D	far Chingen	amd. JU	L 2 9 1980	Linking Mc Creedy



DEPARTMENT OF HEALTH AND MENTAL HYGIENE

Y		REGISTRAR		CERTIF	ICATE OF D	EATH	REG. N	0.		
		CEASED NAME FIRST RAYMO	ND		LLMAN		20. DATE OF DEATH	July 5,	1980	2ы. ноия 0356a
	3. SE	Male	4 RACE CAU	S. DATE O		1926	6 AGE (IN YEARS LAST BIR	THDAY] IF I	JNOER I YEAR	IF UNDER 24 HRS HOURS MIN
1		RTHPLACE (STATE OR FOREIGN DUNFRY) ASH, D.C.	16 CITIZEN OF WHAT COUNTRY?	MARRIE WIDOWE	D NEVER A	AARRIED .	9. BALTIMORE CITY OF			MI
1	1	TY OR TOWN OF DEATH The Meade, Md.	11. NAME OF HOSPITAL, NURSII (IF NOT IN SUCH FACILITY, GIVE STREET Kimbrough Arn	ny Com			TIZE USUAL OCCUPAT (TYPE OF WORK FOR MOST OF	OF WORKING LIFE)	126. KIND O' INDUSTRY	F BUSINESS OF
7	13a S Ma	aryland Anne	ROTHER INSTITUTION, GIVE RESIDENCE BEFOR NTY 13t. CITY OR TOV Sever	VN	13d. INSIDE CI	NO 🗌	13e. STREET ADDRESS 1701 Carri	/ age Cir	Secle/Ma	evern, aryland
C	Ra	ndo1ph H			Pea		MIDDLE		miltô	n
	16a V	VAS DECEASED EVER IN U.S. AR VES, NO OR UNKNOWN) (IF YES, GIVE DS WW	E WAR OR DATES)		Grego.		Wilson-Pe		1 Rep	
		PART I. DEATH WAS CAUSE	TE CAUSE (a)	monar	y Embol				BETWEEN O	hrs.
		Conditions, if ony, which gave rise to immediate	DUE TO, OR AS A CONSEQU	rial F	Ibrilla	tion		100	3 day	/S
		cause (o), stating the underlying couse last.	147	dio-v			disease		Long	Term
	NOI		post Myocardial			TO THE TERMI	INAL DISEASE OR CON	DITION GIVEN	IN PART 1(0	
1	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATIO	N WAS PERFO	RMED	20a AUTOPSY? YES NO	20b. IF YES, W IN CERTIFYIN YES [G CAUSES	
4		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA		AY YEAR	21c. HOW IN.	IURY OCCURR	ED (ENTER NATURE OF INJU	RY IN ITEM 18, PART	1 OR PART 2]	
	MEDICAL	21d. INJURY OCCURRED WHILE ONT WHILE OF AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE,	FARM, ETC.)	21f LOCATIO STREET	N	CITY OR TO	WN	COUNTY	STATE
		22a.1 certify that (1) (this hospi	ital) ottended the deceased fram		nd that in (my)	, 19 (our) opinion c	, ta deoth occurred on the d			that (i) (we) las couses stoted
		Puce an	Jattoning			TTENDING PHYSICIAN	MEDICAL STA	FF CIAN 🛛	22c. DATE !	
1		Bruce A. Dal	or PRINT) I ton, MD, LTC, M	IC	22e. ADDRES:		rmv Hospita	al Et M	Meade	Md

DHMH-16 50M 7/77 (VR A 15 (4))

BP

23a. BURIAL, CREMATION, REMOVAL (SPECIFY) BURIAL

CHELTENHAM

23b. DATE

23c. NAME OF CEMETERY OR CREMATORY

23d LOCATION
CITY OR TOWN
CHELTENHAM

JUL 11 1980

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

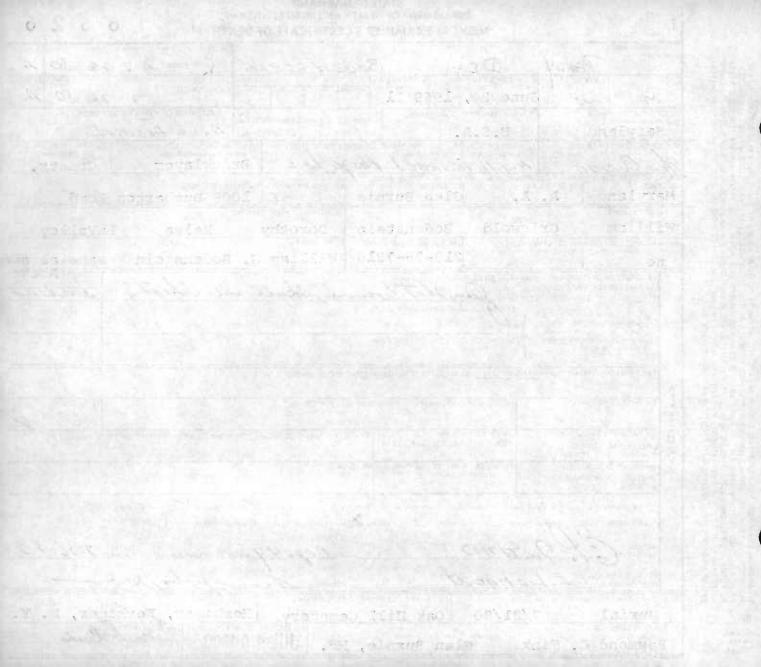
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200		REGISTRAR		ME	DICAL EXAMIN	ER'S CI	ERTIFICATE O	FDEATH	REG.	NO.	0 0	Cing	3
		CEASED NAME PE OR PRINT)		1	MIDDLE		AST	20. DA	TE KNOWN	MONT	H DAY	YEAR	2ь. НС
			Davie	d	J	BTO	ck, Sr.	DEA	TH MATED	XX	6 2	19 80	
	3. SE			DATE OF BIRTH	6, AGE (IN YEA LAST BIRTHDA		DER 1 YR. IF UNDER 2		ATE OUNCED	MONTH	1 DAY	YEAR	2d. HC
		le le	white	5 7	1899 81 YR	MOITING	DATS HOURS	D	EAD	6		19 80	19:
6	70. B	RTHPLACE (ST	ATE OR 7E	b. CITIZEN OF W	HAT COUNTRY?	8. MARRIE	D NEVER MARRIE	D 9. BAL	TIMORE CITY	Y OR COU	NTY OF D	EATH	
2			PA	USA		WIDOWE		Δ1	ne Aru	indel	Coun	ty	,
'n		TY OR TOWN	OF DEATH	1. NAME OF HOS	SPITAL, NURSING HOME, COUTY, GIVE STREET ADDRESS) Melbourn	OR OTHER	RINSTITUTION	12a. USUAL OC	WORKING LIEF		OR	INDUSTR	SINESS
4		Deale					nue	Self-er	mployed	d Cle	aning	Bus	ines
5	13a. S	TATE	13b. COUNTY		13c. CITY OR TOWN) 1	3d. INSIDE CITY LIMITS?	13e. STREET AD					
1		MD		lrundel	Deale		YES NO X	Box	199, Me	2lbou	rne A	ve.	
7 0	14. F	ATHER'S NAME	٨	MIDDLE	ŁAST		5. MOTHER'S MAIDEN		MIDDLE		,	LAST	11
6		Adolph			Block		Elizabe	eth			Hug	thes	ę
1	16a. V	ES, NO, OR UNKNOW	EVER IN U.S. ARMEI	D FORCES?	16b. SOCIAL SECURITY	-	7. INFORMANT MY	es. Wil	liam J.	Eng	lert.		
		No			195-24-823	30	143 Seegar	· Rd. , 1	Pittsbi	mah.		15241	
i		18 CAUSE OF	F DEATH (Enter anly o ATH WAS CAUSED B		e far (a), (b), and (c).)		- 1.		7-37		BETW	PROXIMATE VEEN ONSET	AND DEA
	IA.	1100	IMMEDIATE (CAUSE (a)	rteriosclero		ardiovascu	ilar d	isease				
	1	4/1	s, if any, which	DUE TO, OR	R AS A CONSEQUENCE O)F					1 36		
		gave ris	e ta immediate	(b)									101.11
	-	lying caus	stating the <u>under</u> - se last.	DUE TO, OR	AS A CONSEQUENCE O	F							
		BARY C OTHER CIC		(c)									
	Z	PARI Z UTREK SIG	MIFICANT CONDITIONS CON	ATKIROTING TO DEATH	BUT NOT RELATED TO THE TERMI	NAL DISEASE O	OR CONDITION GIVEN IN PART	[1 (a).					
_	ATIC	190. DATE OF	OPERATION	19b. CONDI	TION FOR WHICH OPERA	ATION WA	S PERFORMED?				2D. A	UTOPSY?	
1	FIG			000								ES XX	NO [
2	MEDICAL CERTIFICATION		L CAUSE WAS	21b. TIME OF		21c HOV	W INJURY OCCURRED	(ENTER NATURE C	F INJURY IN ITEM	18 PART 1 OR		-5 -5	
1	SAL	UNDERLYING CONTRIBUTIN	OR G CAUSE OF DEA		A. MONTH DAY YEAR	1							
	EDIC	214 INJURY O	CCURRED	21e. PLACE	OF INJURY (ATHOME,	21f. LOC/		- 13 S.m			AND E	14	
	×	WHILE AT WORK	NOT WHILE AT WORK	SINEET, FAC	TORY, FARM, ETC.)	STR	EEI	CITY O	RTOWN	C	COUNTY		STATE
		100		of the remains des	scribed abave, held an	Autapsy	XX Inspection			and in m	aninin-	100	
		death resulte			Accident . Suic		Hamicide .	Undetermined		and in my	upinion		
		Gedin resulte	1118	A LANK	, 3016	ide LJ.,	TITLE (SPECIFY)	undetermined	munner	۱,			
		ACTUAL	OHL	na	U	AA D	Assistant	MEDICALE	/ A AAINIED	DATI	E	6/24	4/80
0			11			M.D	•	MEDICAL EX	AMINEK	SIGN	AED		
L	10	EXAMINER'S N	Hormez	R. Guar	d,M.D.	Δ1	DDRESS 111	Penn St	reet.F	alto.	.MD	2120	1
	23o. B	URIAL, CREMAT	ION, REMOVAL 23b.		23c. NAME OF CEM			23d. LOCATIO	N				
	(\$	SPECIFY)	THE PARTY NAMED IN	/28/80	Queen of			Peters	Towns		Washi:	nato	
	24. F		FOR Loring	Byers Fi	meral Direc	tors.	P. A 250. DATE RE	C'D. BY REGIS	TRAR 25b. RE	SISTRAR'S	SIGNATU	URE	V LI.
)	87	28 Libe	erty Rd.	Randalls	neral Directown, MD 21	133	1111	1 198		in they	Mels	seeles	

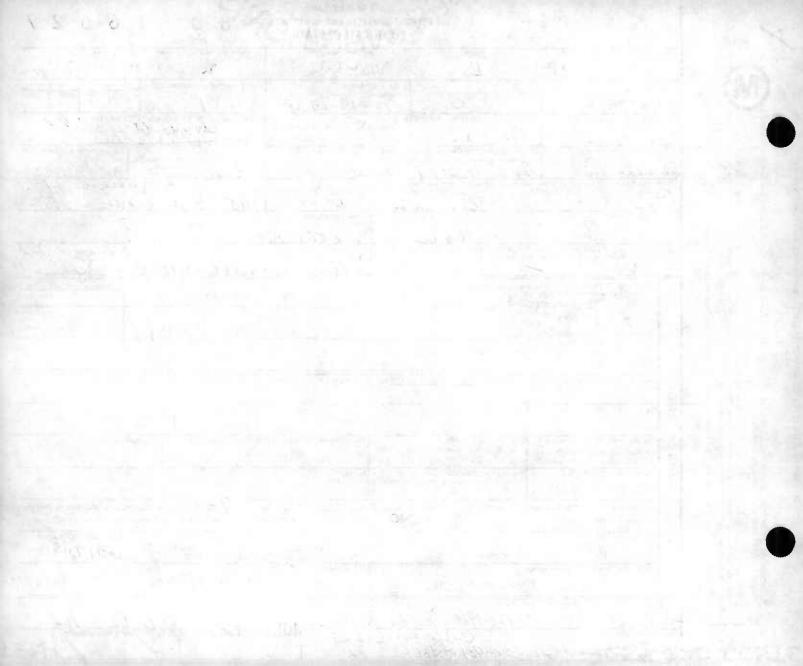
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3.1		FOR		DI	EPARTMENT OF	HEALTH	AND MENTAL HY	GIENE,	1	6 2 1	> 4
		STATE REGISTRAR		MED	ICAL EXAMIN	ER'S C	CERTIFICATE OF	DEATH	REG. NO.	0 0 4	. 0
Ì		EASED NAME FIRST			MIDDLE		LAST	20. DATE KN	NOW NON	TH DAY YEAR	R 2b. HOUR
1	(148)	RAND!	1.	DE	Las.	Bon	les/stei	OF E	ATED 2 7	26 198	5 A
	. SEX	4. RACE	S. DA	TE OF BIRTH	6. AGE (IN YE	ARS IF UN	DER 1 YR. IF UNDER 24		MÔNT		
1		M W	Ju		1959 21	MONTH	HS DAYS HOURS A	PRONOUNCE DE AD	7	26,80	A
Ŧ		RTHPLACE (STATE OR	75. C	ITIZEN OF WHA			IED NEVER MARRIED	9. BALTIMOR	E CITY OR COL	JNTY OF DEATH	- 200
1	N	REIGH COUNTRY) Maryland		U.S.A		WIDOW			ARON	leL.	MD.
1		TY OR TOWN OF DEATH	II. N	AME OF HOSPI	TAL, NURSING HOME			20. USUAL OCCUPAT	ION (TYPE OF WOR	RK 126. KIND OF	BUSINESS
ı	9%	2 Breise	N	4 2	RUNCE!	dos	nitaL	Bricklay	Zer	Cons	
1	USUA 30 S	L RESIDENCE (IF IN NURSING HOA	E OR OTHER	INSTITUTION, GIVE	RESIDENCE BEFORE ADMISSE		has more our more by			COMB	<u></u>
			. A		13c. CITY OR TOWN Glen Bur	nie	13d. INSIDE CITY LIMITS? 1:	3e STREET ADDRESS 1009 Dur	nbartor	n Road	
ŧ	14. FA	THER'S NAME					15. MOTHER'S MAIDEN	NAME			
1	Wi	lliam G	ris	wold	Bodenste	ein	Dorothy	Mely		LaVall	677
1	160. W	AS DECEASED EVER IN U.S.	ARMED FO		16b. SOCIAL SECURIT	NO.	17 INFORMANT		DDRESS		<u>-1</u>
1		S. NO. OR UNKNOWN) (IF YES, G	IVE WAR OR	DATES)	218-76-73	218	William C	G. Bodens	stein	same	as ###
F		18. CAUSE OF DEATH (Enter	anly ane	cause per line fo	ir (a), (b), and (c),)	,			1 1		Above
I		PART I DEATH WAS CAU	SED BY:	1	what le	rece	Il Skull	and Co	rest		LL V
		135 / IMMED	IATE CAC		S A CONSEQUENCE	OF .					
1		Canditions, If any, whi		0							
1	m	gave rise to immedia cause (a) stating the und		DUE TO, OR A	S A CONSEQUENCE ()F					- /-
1		lying cause last.	- 1	(c)							
1		PART 2 OTHER SIGNIFICANT CONDITIO	NS CONTRIB	UTING TO DEATH BUT	NOT RELATED TO THE TERM	NAL DISEASE	E OR CONDITION GIVEN IN PART	I (a).			
	NO										
1	ATI	190. DATE OF OPERATION		19h. CONDITIO	N FOR WHICH OPER	ATION W	'AS PERFORMED?		177	20. AUTOPS	Y?
-	CERTIFICATION	S. L. WILEIT		LS YELL						YES [NOP
1	CER	210 EXTERNAL CAUSE WAS		216. TIME OF IT	NJURY MONTH DAY YEAR	21c. HC	DW INJURY OCCURRED	ENTER NATURE OF INJURY	IN ITEM 18 PART 1 OF	R PART 2)	
	CAL	UNDERLYING OR	F DEATH	P.M.	WONTH DAT TEAM						
	MEDICAL	214 INJURY OCCURRED	9.1	21e. PLACE OF	INJURY (ATHOME,	21f. LO	CATION				
1	X	WHILE DOT WHILE AT WORK		STREET, FACTOR	IT, PARM, ETC.)	S	INCE	CITY OR TOWN		COUNTY	STATE
1			1. 1. a. a. l. a. L.	e samaine decer	had above 1-1-1	A		7	1		
		22a. I certify that I taak cho			_	Autops		Inquiry L	」, and in my	apinian	
1		death resulted fram No	tural cau:	ses L, A	ccident L, Su	cide		Undetermined manne	er 🔲,		
		ACTUAL	2.	xtmo			TITLE (SPECIFY)		DA'	TE 7.76	,50
5		SIGNATU	March.	N -11-2		M	D. DEFERY	_MEDICAL EXAMINE	R SIG	NED	
4	1	EXAMINER'S NAME (TYPE OR PRINT)	Lu	bako	14		1000000	100	lis , me	R	-
+	23a PI	JRIAL, CREMATION, REMOVAL			123c. NAME OF CEA		ADDRESS	23d. LOCATION	1		
1	23a. BU	Burial		31/80			emetery	Herkime	. Kerk	Cimer	N. Y.
		INERAL DIRECTOR	1//.	21/00	JUAN HI.	11 0		C'D. BY REGISTRAR	Shar GISTRAR	SSIGNATURE	
	F	Raymond C. F	ink	ADDRESS	len Burn	6.	Md. JUL 3	0 1980	Tentray!	Kelredy	
	-	To yellouide of I	-1117	G	DULLI.		TIME V V (m 1)	V 10/10/10		/	



DHMH-16 25M (VRA 15, 4) 1/79

FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO MIDDLE 1 DECEASED NAME 2a DATE OF DEATH MONTH 26 HOUR (TYPE OR PRINT) IF UNDER 24 HRS 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER LYFAR BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED DIVORCED 11. NAME OF HOSPITAL NURSING HOME OF OTHER INSTITUTION 120 USUAL OCCUPATION 12b. KIND OF BUSINESS OR (TYPE-OF WORK FOR MOST OF WORKING LIFE! INDUSTRY 131 INSIDE CAY LIMITS? 13e STREET ADDRESS 15. MOTHER'S MAIDEN NAME MIDDLE LAST ADDRESS APPROXIMATE INTERVAL ETWEEN ONSET AND DEATH ARDIO MYORATITY MONTH PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 20a AUTOPSY? 20h. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOV YES [NO [21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) CITY OR TOWN COUNTY STATE and that in (my) (our) opinion death occurred on the date and hour and from the causes stated 22c DATE SIGNED ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN RIDGERY AVE 23L-NAME OF CEMETERY OR CREMATORY 23d LOCATION CITY OF TOWN MAKE MANUATE REC'DI BICHE STRANTON RECTISTRANTS SINCHADI M. FUNERAL DIRECTOR



FOR

REGISTRAR

- STATE

9 BALTIMORE CITY OR COUNTY OF DEATH ANNE ARUNDEL 126 KIND OF BUSINESS OR INDUSTIS ugar (TYPE OF WORK FOR MOST OF WORKING LIFE) Pay Master (ret.) American 312 Second Avenue. S.W. Wamsley Same as THER SIMPLIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RENATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES [NO T 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2). COUNTY STATE and that in (my) (our) opinion death occurred on the date and hour and from the causes stated 22c. DATE SIGNED Meadowridge Mem. Pk Elkridge Howard Maryland 25a DATE REC'D. BY REGISTRAR 25b. RECOURS 24 FUNERAL DIRECTOR 92 H. DHMH - 16 50M 1/76 Singleton Funeral Home Glen Burnie, McAil (VR A 15 (4))

STATE OF MARYLAND

CERTIFICATE OF DEATH

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REG. NO

26 HOUR

201P.

IF UNDER 24 HRS

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:0	1.	STATE REGISTRAR	OLI AKI		CATE OF D		REG. N	40.	0 0	3 4
		CEASED NAME FIRST	WIDDLE		157		2a DATE OF DEATH		DAY YEAR	26. HOUR
		ESTELLA	AURELIA	BROG			JUI		9 1980	5 A
ai C	3 SE	X EMALE	BLACK	5. DATE O	DAY	1887	6 AGE (IN YEARS LAST BE		MONTHS DAYS	HOURS MIN
at once	70 B	IRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY	2 1	D NEVER A		9 BALTIMORE CITY			
250	1	RYLAND	USA	WIDOWE	XX DI	VORCED	ANNE ARUI			
st be no		RMANS	11. NAME OF HOSPITAL, NURS (IF NOT IN SUCH FACILITY, GIVE STREE 7642 HARMAN	T ADDRESS)		INDITUTION	120 USUAL OCCUPA (TYPE OF WORK FOR MOST HOUSEWIE			ME
niner mu	13e :	ALRESIDENCE (# NURSING HOME OF TATE 136 COURT ANNE		MANS	13d. INSIDE C	ITY LIMITS?	13. STREET ADDRESS 7642 HARM		ROAD	
71		ATHER'S NAME HOMAS	MDDLE			MAIDEN NA	WE		DUÉ	LIN
the medical		NAS DECEASED EVER IN U.S. AI YES, NO ORUNKNOWN) (IF YES, GN	RMED FORCES? 16h SOCIAL SEC 212-88		MABE		THEWS 764		MANS R	OAD
event,		18 CAUSE OF DEATH (Enter of	inly ane cause per line far (a), (b), a ED BY:	ind ici.i	11000	-0 1	1 1 1 0		- 47	MATE INTERVAL ONSET AND DEA
traumatic			DUE TO, OR AS A CONSEQU	1.1	ASI	#D	l inforct	one	and the same	Know
y, or other trau		gave rise to immedipte cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQU	JENCE OF	Art	eriu.	sclerosi	Jen	eral h	nkno
any injury,	NO	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	raliz						
shows	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHIC	H OPERATION	N WAS PERFO	RMED	20a AUTOPSY?	IN CERTI	ES, WERE FINDI	
Item 18		21g. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING [(IF EITHER, NOTIFY MEDICAL EXAMINE)	HOUR A.M. MONTH	DAY YEAR	2)c HOW IN	JURY OCCUR	RED (ENTER NATURE OF INJ	URY IN ITEM 18.	PART I OR PART 2)	
marked or	MEDICAL	214. IN JURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE		21f LOCATION STREET	ON	CITY OR TO	OWN 160	COUNTY	STATE
21 is		-/3	n 19 other basis after death.		d that in (my)	(aur) apinian	death accurred on the	date and ha	, 19 July	that (I) (we)
T: If Item		22b. SIGNATURE	atilale, 11	n Q.		ATTENDING .	MEDICAL ST.	AFF		22-80
IMPORTANT: If Ite		224 PHYSICIAN'S NAME (TYPE	ORPRINT) TALER	2	95 A		ARG. OI	eu!	Bure	e, Mel.
Σ	23a.	BURIAL, CREMATION, REMOVA (SPECIFY) BURIAL	F 00 00		EMETERY OR O		23d LOCATION CITY OF TOWN	RUNDEI	COUNTY	STATE
25M	24 F	UNERAL DIRECTOR	ADDRESS	20 010	, KEST		TE REC'D. BY REGISTRA			
1/79	H		TTER 3035 W.	NORTH	AVE	JUL	2 3 1980	field	tryhal	ready

		KSCHORA PARETIA ALITES					
93	1887	JUNE.	MOMENT	TIMME			
E PERMINDE COUNTY	3.K X		7 7 1	CHAITEA			
awas adaman		ACH SHOP	7642 117	SHAMA			
12 HERMANS ROAD	3c 76	2111111111111111	LIGHTS	AMA COMALYPIA			
Mineso	119/30	1 2 P P V		THOME			
IS 7642 HIRITAGE ROLD	THEFT THEK	2-88-0243	S	01			
			Y may				

7-26-1980

REESE & SONS MORTUARY, P.A.

BROWN CEMETERY

ADDAnnapolis. Md.

DHMH - 16 50M 7/77 (VR A 15 (4))

24. FUNERAL DIRECTOR

FOR

- STATE

REGISTRAR

IF UNDER I YEAR 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 24 HRS DAYS HOURS BALTIMORE CITY OR COUNTY OF DEATH ANNE ARUNDEL COUNTY 12b. KIND OF BUSINESS OR TYPE OF WORK FOR MOST OF WORKING LIFE! INDUSTRY 5667 Shadyside Road MATTHEWS IDA BROWN 5667 Shadyside Rd. Churchton, 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES [21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) COUNTY STATE and that in (my) (quer opinion death occurred on the date and hour and from the causes stated 224 DATE ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN COUNTY STATE

CHURCHTON

REG. NO

2b. HOUR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

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awarra:		HOLD, SE.	DIF. 18	THE MEDICAL	
67 Shidyelda Ed. Churchton,					
		345.3			
		NA.			
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			March 1		
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STATE OF MARYLAND

	1	FOR	nep.		OF MARYLAND EALTH AND MENTAL HY(SIENE 8 ()	1 / /	eng
	11	- STATE REGISTRAR	DELL		CATE OF DEATH	REG. NO	1 6 6	5 4
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hin 24 hou ily filled in should be	5 130.		OTHER INSTITUTION, GIVE RESIDENCE	BEFORE ADMISSION)	136 INSIDE CITY LIMITS? YES X NO []	13e STREET ADDRESS 909 F. Roy	val St.	
ond 2	21	Wren Carlisle	MIDDLE LAST		15. MOTHER'S MAIDEN NA FARST Ruby	MIDDLE	(UNE WOWN	
te be execution and consers. Pages 1 of the medical	160	WAS DECEASED EVER IN U.S. AR (YES, NO OR UNKNOWN) (IF YES, GIVE YOS WWII	WAR OR DATES)	0-3801	Gloria M. Ce	SSe X ADDRES		
uires that the death certificating by the attending physical but the attending private prices or temoropy but of cremotion, or removing to cremotion, or other troumatic event, it	7	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost	DUE TO, OR AS A CONSI	marg EQUENCE OF	heart des		DITION GIVEN IN PART 110	
he low requor. hos been sint permit. The tene prior to tows ony injury.	CERTIFICATION	19a DATE OF OPERATION	196 CONDITION FOR WE	HICH OPERATION	N WAS PERFORMED	20a AÚTOPŠÝ? YES NO	206. IF YES, WERE FINDIN IN CERTIFYING CAUSES YES	IGS USED OF DEATH!
PHYSICIAN: Thending physicic this certificate he buriol-fronsit and Mental Hygical or Item 18 sho	MEDICAL CER	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (IF ETHER, NOTHY MEDICAL EXAMINER) 21d. INJURY OCCURRED	21b. TIME OF INJURY HOUR A.M. MONTH P.M. 21e. PLACE OF INJURY (ATHOME, STREET, FACTORY, OF	19	21f LOCATION	RED (ENTER NATURE OF INJURY	Y IN ITEM 18, PART 1 OR PART 2) N COUNTY	STATE
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TO HOSPITAL retoined by 11 TO FUNERAL should be det with the Stote IMPORTANT:		Dr. Robert Bie	ern, Md.		121 Cathe	dral St., An		7 7 0
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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR

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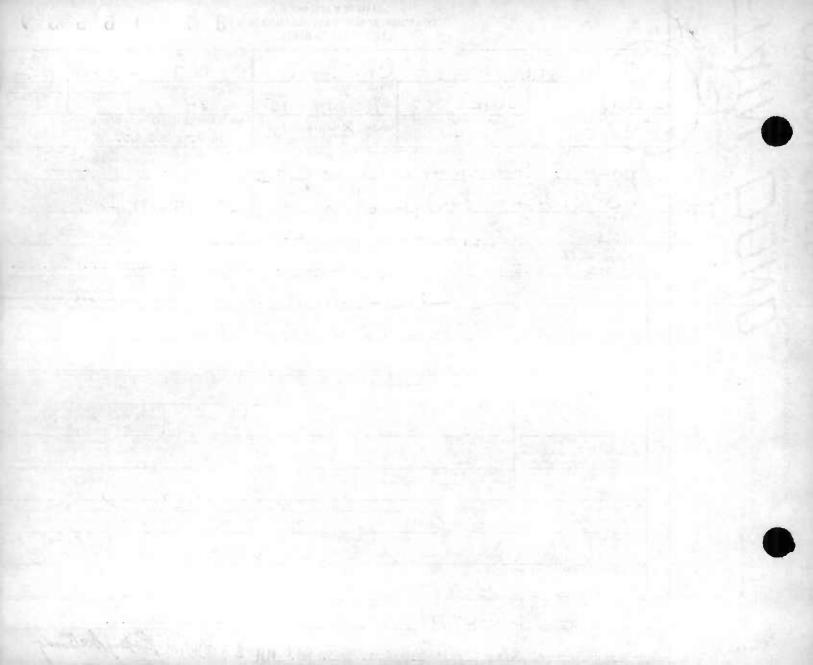
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	TO MEDIC EXECUTE TI PAGE 4 SI TO FUNER AFTER DEA BALTIMORE	23a. BI	RIAL, CREMATION, REMOVAL	23b. DATE	23c. NAME OF CE			LOCATION	COUNTY	STA	TE
1102	BP	_	Burial	8/4/80	Lorraine	Park Ce		Woodlawn, B.			
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te be execuan and con Pages 1 ar it, the med	1	16a Y	VAS DECEASED EVER IN LE	J.S. ARMED FORCES yes, give war or dates)	? 166 SOCIAL SEC	URITY NO	17 INFORMANT HE	NIRETTA SHA	RPS_380	Mill ater.	Swamp :		
The law requires that the death cert be has been signed by the attending phermit. Then please remove carbon palene prior to burial, cremation, or rem shows any injury, or other traumatic	0		CERTIFICATION	underlying cause l	ate the ost (c)_ CANT CONDITIONS	OR AS A CONSEQ	UENCE OF	NOT RELATED TO THE TERM		20b. IF YES, W		GS USED	
SICIAN nysician. certificat tral Hygi	9		210 ACCIDENT WAS UNDERLY OR CONTRIBUTING CAUS	E OF DEATH HOUR	OF INJURY A.M. MONTH P.M.	DAY YEAR	21¢ HOW INJURY OCCUR	YES NO	YES [но 🗆		
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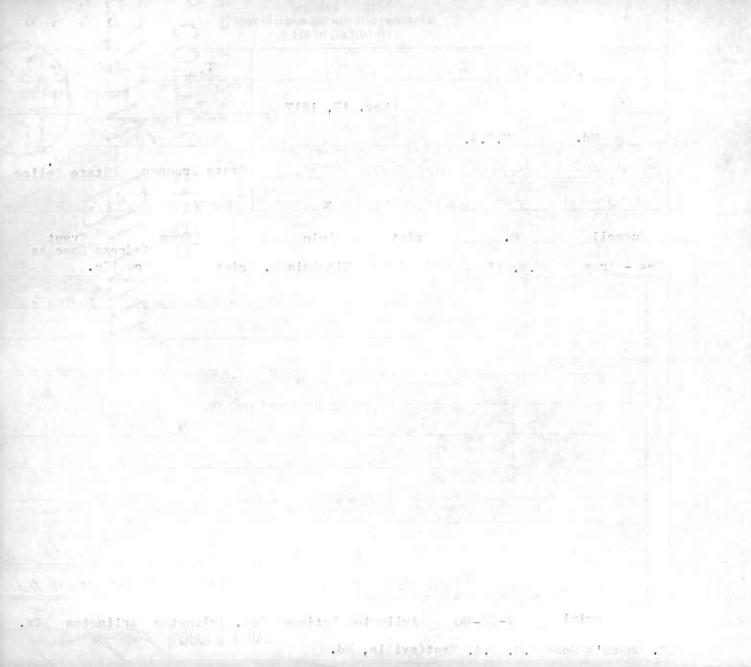
STATE OF MARYLAND

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14	1	STATE OF MARYLAND	
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2/		REGISTRAR CERTIFICATE OF DEATH REG. NO.	
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Pog		IRTHPLACE STATE OF FOREIGN 76 CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 9 BALTIMORECITY OR COUNTY O	FDEATH
deoth.	LC		ndel MD.
with with	10 C	ITY OR TO WHO F DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IYPE OF WORK FOR MOST OF WORKING LIFE)	126 KIND OF BUSINESS OR
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D 212 4 hour dd be f dd be f	USU 130	AL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) STATE 136 COUNTY 139/CITY OR TOWN 136, INSIDE CITY LIMITS? 136, STREET ADDRESS	\mathcal{D}
LAND 2 LAND 2 Iy filled should the found the f	1	ND A.A. HUNAPOLIS YES NOW 2993 FRIENDS	S AD.
RYLA within within 12 sho	14. F	ATHER'S NAME 15. MOTHER'S MAIDEN NAME FIRST MIDDLE LAST FIRST MIDDLE	LAST
MAR where we wanted work	H	homas J. O'Day Elizabeth	Vissors
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Do on		YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 550368783 JOHN F. CRAMER #13	
T., BALT Tricote b physicio npapers. movol. vent, the		18 CAUSE OF DEATH Enter only one couse per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY:	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
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I W. PR hot the by the ose rem I, cremc		couse (a), stating the underlying cause last DUE TO. OR AS A CONSEQUENCE OF	
on w thot thot desseriol, cr		()	
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120' ING PHYSICIAN: The low requires that the death certificate be executed within 24 hours rettending physician. Wher this certificate has been signed by the attending physician and completely filled in by as the burial-transit permit. Then please remove carbon papers: Pages 1 and 2 should be file than and Mental Hygiene prior to burial, cremation, or removal. Or sted or them 18 shows any injury, or other traumatic event, the medical examiner must be defined.	z	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN	IN PART 1(a)
been a mit The prior to	CERTIFICATION	190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 206. IF YES, V	WERE FINDINGS USED
e law re. nos bee	5	IN CERTIFYII	NG CAUSES OF DEATH?
VISION OF VITAL R 3 PHYSICIAN: The L witending physicion. er this certificate has the buriol-transit pe and Mental Hygiene and Mental Hygiene ked or Item 18 shows	E	YES NO YES 210. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 210. TIME OF INJURY 211. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART	
N OF VITA N OF VITA SICIAN: The appropriate certificate rinol-trons.t lem 18 sho		OR CONTRIBUTING _ CAUSE OF DEATH HOUR A.M. MONTH DAY YEAR	
IVISION OF VIT	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINER) P.M. 19 216 INJURY OCCURRED 218 PLACE OF INJURY 211, LOCATION	
PH tren tren the band	ME	WHILE NOT WHILE AT WORK AT WORK	COUNTY STATE
DIVISION ATTENDING PH ASSISTED OF OTTENDING PH OF OT USE OS THE PHIL OF OF USE OS THE PL OF OF OTTENDING ON O		22a. I certify that (I) (this haspital) attended the deceased from 1/28 19 to 7/25/80 19	2, that (1) (we) lost
TTENI pitol TOR: for us of He	l	sow the deceased alive an above, (I) (wat idid) 14-mar with body after death above, (I) (wat idid) 14-mar with body after death	1
		226. SIGNATURE DEGREE	221 DATE SIGNED
0 0 40		ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN	1/75/80
HOSPITAL ned by HEUNERAL Jid be det 11th Store ORTANT:		22d. PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS	1 / 6 / 6
		WATELNS Aversous MD.	
Of of Sho M	23a.	BURIAL CREMATION REMOVAL 236 DATE 236 NAME OF CEMETERY OR CREMATION 234 LOCATION	
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DHMH - 16 50M 1/76	241F	UNERAL DIRECTOR	AR'S SIGNATURE
(VR A 15 (4))	10	HW M TAYLOR Sons ANNAGOUS MD AUG5 450 MA	7

Exercise Character Charact

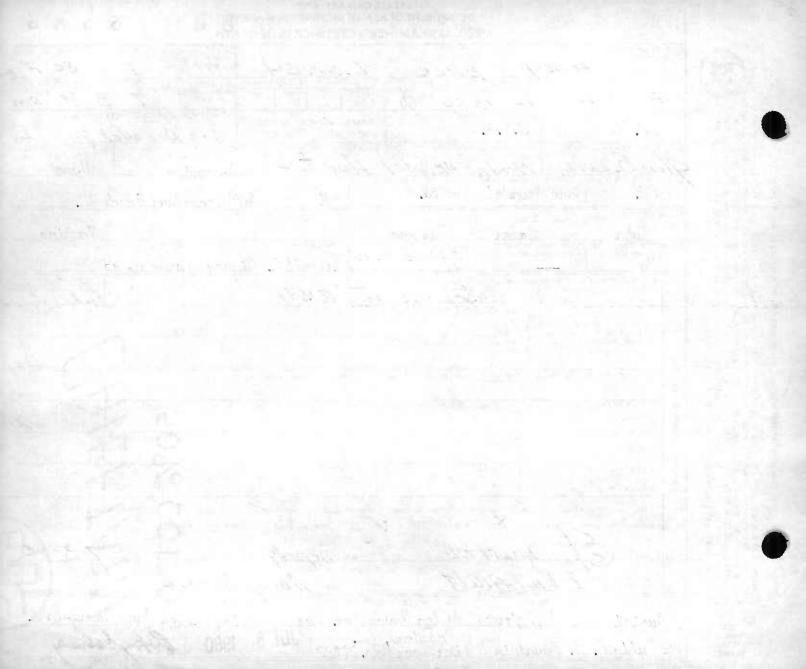
	1.	FOR STATE			DEPAR	TMENT OF H	OF MARYLAND EALTH AND MENTAL H	YGIENE 8	0 .	1	6 6	4 3
		REGISTRAR					CATE OF DEATH		REG. NO.		1907	4
		O DOINE	illia	em R	LE	CA	215T	20 DATE O	- 1 /	ONTH D	AY YEAR	450M
3	l. SEX			4 RACE		5. DATE O	DAY YEAR	6. AGE (IN)	EARS (AST BIRTHD	M	IF UNDER 1 YEAR	IF UNDER 24 HRS HOURS MIN
\$2A		THPLACE (STATE OR FORE	EIGN	76 CITIZEN OF WH	AT COUNTRY	Y? 8 MARRIED WIDOWE		9 BALTIMO	ORE CITY OR	COUNTY	1/	
b l	0 CIT	Y OR TOWN OF DEATH	Н	11. NAME OF HOS	CILITY, GIVE STRE	ING HOME O	ROTHER INSTITUTION	(TYPE OF WOR	OCCUPATION EK FOR MOST OF V	N WORKING LIFE	126 KIND (PE BUSINESS OR Md.
	JSUA 13a. S	L RESIDENCE (IF NURSINITATE	IG HOME OR	OTHER INSTITUTION, GIV	E RESIDENCE BEFO	ORE ADMISSION)	13d INSIDE CITY LIMITS		Troop	er	State	Police
50		MD. HER'S NAME		AA E	dgew	-/-	YES NO 1	366	43	7-1	ave	
00)2/		FIRST	A	AIDDLE	LAST		FIRST	AMME	MIDDLE		LA	ST .
	An W	CUSSELL AS DECEASED EVER IN	JIIS AR	MED FORCES? TIM	Cri		Lulu 17 INFORMANT		Emma		ress Sa	out
1	(YE	s, no or unknown)	(IF YES, GIVE	WAR OR DATES) W. II 2	14-11-1	1444	Virginia N.	Cnick	ADDITES		13e.	me as
		1539		DUE TO, OR A	S A CONSEO	DUENCE OF		Carc				
		Conditions, if ony, y gave rise to imme couse (a), stoting underlying cause PART 2 OTHER SIGNIF	the last.		S A CONSEO	DUENCE OF	NOT RELATED TO THE TE		OPSY?	20b IF YES.	WERE FINDING CAUSES	NGS USED
2	RTIFICATION	gave rise to imme couse (a), stoting underlying cause PART 2. OTHER SIGNIF 90 DATE OF OPERATIO	ediate the last. FICANT CON	DUE TO, OR A: (c) ONDITIONS CONTI	RIBUTING TO	O DEATH BUT		RMINAL DISEAS 200 AUTO YES	DPSY?	20b IF YES, IN CERTIFY YES	WERE FINDING CAUSES	NGS USED
1	CERTIFICATION	gave rise to imme couse (a), storing underlying cause PART 2. OTHER SIGNIF	ediate the last. FICANT CON RLYING USE OF DEA	DUE TO, OR A: (c) ONDITIONS CONTI	RIBUTING TO	DUENCE OF	N WAS PERFORMED	RMINAL DISEAS 200 AUTO YES	DPSY?	20b IF YES, IN CERTIFY YES	WERE FINDING CAUSES	NGS USED OF DEATH?
29	CAL CERTIFICATION	gave rise to imme couse (a), stoting underlying cause PART 2 OTHER SIGNIF 90 DATE OF OPERATIO 210. ACCIDENT WAS UNDER OR CONTRIBUTING CAI	diate the last. FICANT CON RLYING LUSE OF DEAL EXAMINER) D	DUE TO, OR A: (c) ONDITIONS CONTINUE 19b. CONDITION 21b. TIME OF INHOUR A.M.	RIBUTING TO	DUENCE OF O DEATH BUT TH OPERATION DAY YEAR 19	N WAS PERFORMED	RMINAL DISEAS 200 AUTO YES	DPSY?	20b IF YES, IN CERTIFY YES	WERE FINDING CAUSES	NGS USED OF DEATH?
21 is morked or Item 1	MEDICAL CERTIFICATION	gave rise to imme couse (a), stoting underlying cause PART 2 OTHER SIGNIF 98 DATE OF OPERATION 218, ACCIDENT WAS UNDER OR CONTRIBUTING CAI (IF EITHER, NOTEY MEDICAL 210 INJURY OCCURRE WHILE NOTEY MEDICAL 220.1 certify that (I) (f) saw the deceased obove (1) (Mee) (did	diate the last. FICANT CON REYING USE OF DEA EXAMINER) D this hospit aligners.	DUE TO, OR A: (c) ONDITIONS CONTI 19b. CONDITIO 19b. CONDITIO 19b. TIME OF IN HOUR A.M. P.M. 21e PLACE OF (AT HOME, STREET,	RIBUTING TO	DUENCE OF O DEATH BUT TH OPERATION DAY YEAR 19 E, FARM, ETC.)	211. HOW INJURY OCC 211 LOCATION STREET 20 19	RMINAL DISEAS 200 AUTO YES URRED (ENTER NA	DPSY? NO X TURE OF INJURY I	20b IF YES, IN CERTIFY YES IN ITEM 18, PA	WERE FINDING CAUSES COUNTY COUNTY Ond from the	NGS USED OF DEATH? NO STATE thot(1) (we) lost couses stated
f them 21 is morked or Item 18 shows ony injury, or oth	MEDICAL CERTIFICATION	gave rise to imme couse (a), storing underlying cause PART 2 OTHER SIGNIF 90 DATE OF OPERATIO 210, ACCIDENT WAS UNDER OR CONTRIBUTING CAI (IF EITHER NOTHY MEDICAL 21d INJURY OCCURRE! WHILE NOTHY MEDICAL AT WORK 270. I certify that (I) (ft) saw the deceased obove (I) (Me) (did 220. SIGNA ORE	CON RLYING USE OF DEA EXAMINER) D E This hospital alive one A live one	DUE TO, OR A: (c) ONDITIONS CONI 19b. CONDITIC 19b. CONDITIC 19b. TIME OF IN HOUR A.M. P.M. 21e. PLACE OF (AT HOME, STREET, OI) oftended, the d	RIBUTING TO	DUENCE OF O DEATH BUT TH OPERATION DAY YEAR 19 E, FARM, ETC.)	21c. HOW INJURY OCC 21l LOCATION STREET 2 that in my lour) apini DEGREE ATTENDING PHYSICIAN	RMINAL DISEAS 200 AUTO YES URRED (ENTER NA	DPSY? NO XITURE OF INJURY I	20b IF YES, IN CERTIFY YES IN ITEM 18, PA	WERE FINDING CAUSES	NGS USED OF DEATH? NO STATE thor(1) (we) lost couses stated
Item 21 is morked ar Item 18 shows any injury, or ath	MEDICAL CERTIFICATION	gave rise to imme couse (a), storing underlying cause PART 2 OTHER SIGNIF 90 DATE OF OPERATIO 210, ACCIDENT WAS UNDER OR CONTRIBUTING CAI (IF EITHER NOTHY MEDICAL 21d INJURY OCCURRE! WHILE NOTHY MEDICAL AT WORK 270. I certify that (I) (ft) saw the deceased obove (I) (Me) (did 220. SIGNA ORE	diate the last. FICANT CON REYING USE OF DEA EXAMINER) D this hospit aligners.	DUE TO, OR A: (c) ONDITIONS CONTI 19b. CONDITIO 19b. CONDITIO	RIBUTING TO	DUENCE OF O DEATH BUT TH OPERATION DAY YEAR 19 E. FARM, ETC.)	21c. HOW INJURY OCC 211 LOCATION STREET 20 19 2 that in my our) apini DEGREE ATTENDING PHYSICIAN 22e ADDRESS	RMINAL DISEAS 200 AUTO YES URRED (ENTER NA on death occurre MEDICAL DIRECTOR	CITY OR TOWN CITY OR TOWN The dote	20b. IF YES, IN CERTIFY YES IN ITEM 18, PA	WERE FINDING CAUSES COUNTY COUNTY Ond from the	NGS USED OF DEATH? NO STATE thor(1) (we) lost couses stated
WPCKIANI: If them 21 is morked or them 8 shows only injury, or oth	MEDICAL CERTIFICATION	gave rise to imme couse (a), storing underlying cause PART 2 OTHER SIGNIF 90 DATE OF OPERATIO 210, ACCIDENT WAS UNDER OR CONTRIBUTING CAI (IF EITHER NOTHY MEDICAL 21d INJURY OCCURRE! WHILE NOTHY MEDICAL AT WORK 270. I certify that (I) (ft) saw the deceased obove (I) (Me) (did 220. SIGNA ORE	CON RELYING USE OF DEA EXAMINER) D AE (TYPE OR	DUE TO, OR A: (c) ONDITIONS CONTI 19b. CONDITIO 19b. CONDITIO	RIBUTING TO RIBUT	DUENCE OF O DEATH BUT TH OPERATION DAY YEAR 19 E, FARM, ETC.)	21c. HOW INJURY OCC 211 LOCATION STREET 20 19 2 that in my our) apini DEGREE ATTENDING PHYSICIAN 22e ADDRESS	RMINAL DISEAS 200 AUTO YES URRED (ENTER NA On death occurred MEDICAL DIRECTOR THEDRA	DPSY? NO XITURE OF INJURY I CITY OR TOWN THE OPEN OF TOWN THE O	20b. IF YES, IN CERTIFY YES IN ITEM 18, PA	WERE FINDING CAUSES COUNTY COUNTY Ond from the	STATE thot (1) (we) lost couses stated SIGNED



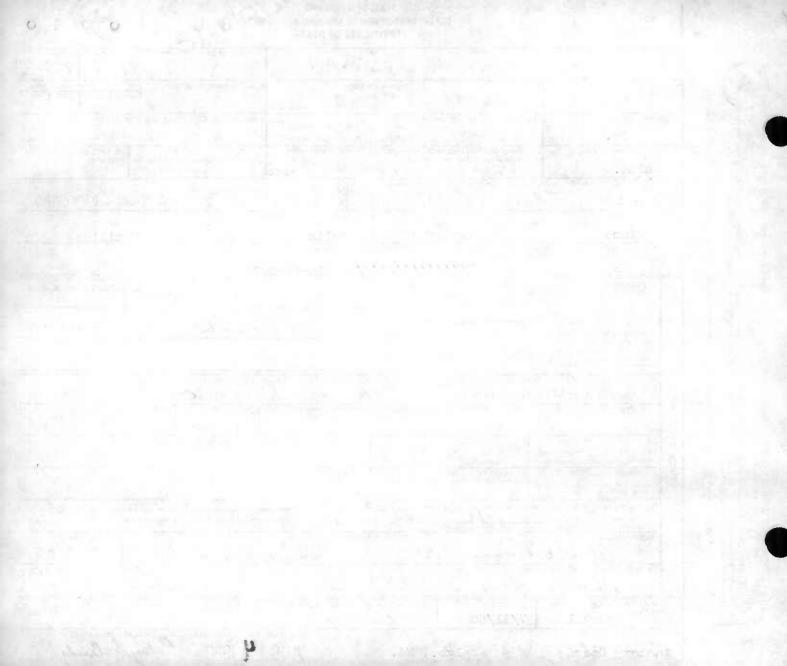
x 1	FOR STATE REGISTRAR				STAT MENT OF H EXAMINE	EALTH		ENTAL H	- 60			1	6	5 4	4
	DECEASED NAM (TYPE OR PRINT)			MIDDLE			AST	CATEO		a. DATE	REG.	DOM (XI	NTH OAT		7b. HOUR
S FOR YOUR FILES. WITHIN 72 HOURS ESTON STREET,	SEX	DELRO	5. DATE OF BIRTH	DAVI	D 6. AGE (IN YEAR	10.10.11	DIGGS	Tes in inse					7 11	. 17 -	٨
20 / 1	male	negro	10 30 1	956	LAST BIRTHDAY	MONTH		IF UNDER		PRONOUI DE AL	NCED	1 WOW	7 11	_	3:50
	BIRTHPLACE (S		76. CITIZEN OF WH			MARRIE		VER MARRI	EDWA		nore cit	_		DEATH	MD
- 1 / L	CITY OR TOWN		II. NAME OF HOSE (IF NOT IN SUCH FACE North Art	PITAL, NUF SILITY GIVEST Andel	RSING HOME,	or othe	R INSTITUTION	TION		AL OCCU		TYPE OF WO	ORK 12b. K	CIND OF BU OR INDUSTI	SINESS
130	STATE ARYLAND	(IF IN NURSING HOME OF	OTHER INSTITUTION, GIV Y	130 CITY ANN	BEFORE ADMISSION APOLIS	۷)	3d. INSIDE CI	ITY LIMITS?	1394TRE	ET ADDR	sterf	ield	Road	d	
21.14.	FATHER'S NAM	IN	MIDDLE	DI	GGS		IS MOTHE	R'S MAIDE	NAME	A	MIDDLE		J	ones	
1 160	NO, OR UNKNO		/AR OR DATES)	217-	72-5520			DIGG		3 Che	addre	ss fiel	d Rd	Annaj Maryl	olis
	Condition gave ri	ns, if ony, which se to immediate) stating the <u>under</u> -	(b)	AS A CON	, and (c).) Le trait SEQUENCE OF		c inj	juries	5					APPROXIMATE TWEEN ONSE	
NO		GNIFICANT CONDITIONS C	ONTRIBUTING TO DEATH B	UT NOT RELAT	TED TO THE TERMIN	AL DISEASE	OR CONDITION	GIVEN IN PAR	tt 1 (a).						
NOLLANDIN	190 DATE OF	OPERATION	19b. CONDITI	ION FOR V	VHICH OPERA	TION WA	S PERFOR	MED?	1,08				20.	AUTOPSY?	
		AL CAUSE WAS OR NG CAUSE OF D	EATH 2:5500	MONTH x 7-1	DAY YEAR 1- 1980			occurred n aut					R PART 2)	YES TOK	NO L
MEDICAL	WHILE AT WORK	NOT WHILE AT WORK	21e. PLACE O STREET, FACTO	F INJURY DRY, EARM, ET OAD	(AT HOME, C.)	21f. LOC	ATION	& 4th					nne"A	runde	l stamo
		fy that I taak charge		ribed abar	CTC-	Autopsy ide	Hamic TITLE (SI		Undete	Inquiry	anner _	and in m		7-11-	80
230	EXAMINER'S (TYPE OR PRI	NT) Ann	M. Dixon,	M.D.		A	DDRESS		l Per						
		TION, REMOVAL 23	7-16-1980		. TABOR		RCH C	PRY CEME.	23d. LOC	este:	rfiel	d °	COUNTY	Mary	and
	FUNERAL DIRECTION I	TOR REESE & S	ONS MORTO	Anna ARY,	apolis, P.A.	Md.		250. DATE R	UL 1	A 19		GISTHAR	'S SIGNA	TURE Cran	dy

C. O. L. Briston under the			7.
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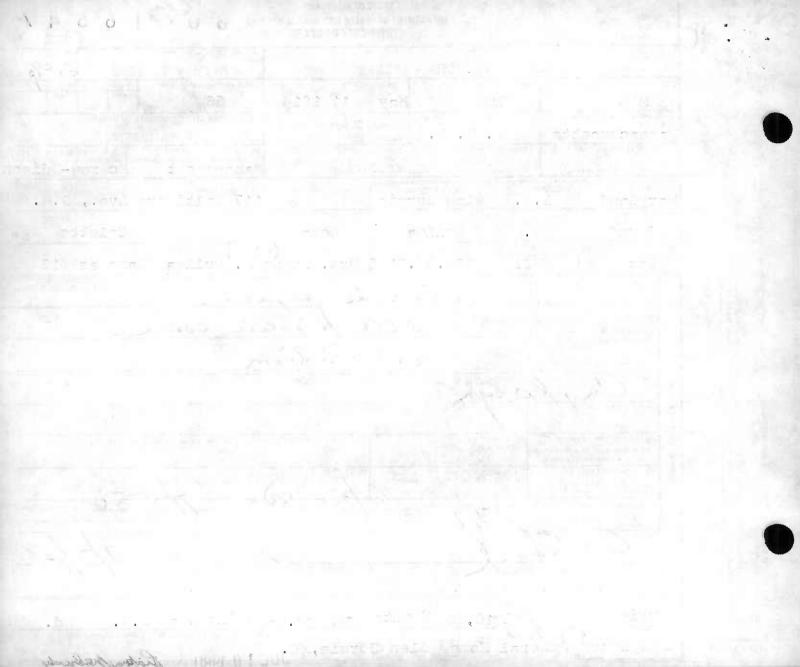
1	STATE OF MARYLAND	
1-	FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE	1 6 6 4
1.0	REGISTRAR MEDICAL EXAMINER'S CERTIFICATE OF DEATH ECEASED NAME FRST MIDDLE LAST 20 DATE	REG. NO.
	ZO. DATE	ECT1
3. SE		, , ,
J. 3E	MONTH DAY YEAR LAST BIRTHDAY) MONTHS DAYS HOURS MIN PRONOUN	ICER
7. 5	DEAD J2 13 15 64 YRS. DEAD OF STATE OR J. CITIZEN OF WHAT COUNTRY? B. STATE OR 9. BALTIM	
/ a. E	OREIGN COUNTRY) // C A MARRIED NEVER MARRIED	AORE CITY OR COUNTY OF DEATH
	WOOTED I FAUL	e ARUNDEL GENEY
-	IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)	PATION (TYPE OF WORK RKING LIFE) 12b. KIND OF BUSI
distr	AL RESIDENCE IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)	vife Home
13a.	STAME 136 COUNTY 136 STREET ADDRE	enland Beach Rd.
14. F	ATHER'S NAME IS MOTHER'S MAIDEN NAME	AIDDLE LAST
	John Anden Summers	Hawkin
160.	WAS DECEASED EVER IN U.S. ARMED FORCES? YES, NO, OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 16b. SOCIAL SECURITY NO. 17. INFORMANT 220-05-4035	ADDRESS
	No 213-10: 53708 Russell L. Disney	same as 12
	18. CAUSE OF DEATH (Enter only ane cause per line for (o), (b), and (c).)	APPROXIMATE IN
	PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (Buteriod Selectic CV)	Valle
	DUE TO, OR AS A CONSEQUENCE OF	
	Conditions, if ony, which gove rise to immediate (b)	
	couse (o) stating the under-	
	lying couse lost.	
	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a).	
NO.		
18	190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED?	20 AUTOPSY?
E		YES 🗆
MEDICAL CERTIFICATION	216 EXTERNAL CAUSE WAS 216. TIME OF INJURY 116. HOW INJURY OCCURRED (ENTER NATURE OF INJURY HOUR A.M. MONTH DAY YEAR	JURY IN ITEM 18 PART 1 OR PART 2)
14S	UNDERLYING OR HOUR A.M. MONTH DAY YEAR CONTRIBUTING CAUSE OF DEATH P.M. 19	
ED	216. INJURY OCCURRED 216. PLACE OF INJURY (ATHOME. 21F. LOCATION STREET, FACTORY, FARM, ETC.) STREET CITY OR TON	wn COUNTY
2	WHILE NOT WHILE STREET, FACTORY, FARM, ETC.) STREET CITY OR TOV	COUNT
	27a. I certify that I taok charge of the remains described above, held on Autopsy , Inspection I Inquiry	and in mussians
	deoth resulted from: Narry of couses M., Accident M., Suicide M., Homicide M. Undetermined mo	ond in my opinion
	Accident L., Suicide L., Homicide L., Onderermined mo	Anner,
	ACTUAL (Z) a control	DATE 7-3-
1		AINER SIGNED
-	(TYPE OR PRINT) E. LIN MARCOT ADDRESS AND POLIS-	40
23a, E	SURIAL CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY CITY OR TOWN	
	0 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Anne Arundel
24. F	Bunial 7/7/1980 Glen Haven Mem. Pank Glen Bu	
M	c Willy F. H. Mountain & Tick Neck Rds 21122	fistre received
-	- Carry . 11. MULLIUM & ILUX MECR Mas, 211221	



	1	FOR		STATE OF MARYLAND		
	1	STATE REGISTRAR	DEPAI	CERTIFICATE OF DEATH	REG. N	0.
1 300		CEASED NAME FIRST TULLA	A A.	DONOVAN	20 DATE OF DEATH	7 31 80 8:30
ace.	3 SE	FEMALE	WHITE WHITE	S DATE OF BIRTH MONTH DAY YEAR 4 /90 Z	6. AGE (IN YEARS LAST BIRT	HDAY) IF UNDER I YEAR IF UNDER 24 HR MONTHS DAYS HOURS MIN YRS.
uneral di n 72 hou	T '	Pa.	USA	MARRIED NEVER MARRIED WIDOWED DIVORCED	9 BALTIMORE CITY O	ARUNDEL ,
by the fur led within		Balto.	WELLAM DONOUR	N'S HONG-SIN +3 367	120 USUAL OCCUPATI	F WORKING LIFET INDUSTRY
ithin 24 ho	13e	AL RESIDENCE (# NURSING HOME OF OF STATE 13b. COUNT	13c CITY OR TO		13. STREET ADDRESS	och Shall 21229
plete d 2 sh	14. F.	ATHER'S NAME FRIST Vince	DOLE LAST Barkus	IS. MOTHER'S MAIDEN NA FIRST Tulia	MIDDLE	Vatilius
rrificate be execut physician and com papers. Pages 1 and moval.	16n \	NAS DECEASED EVER IN U.S. ARM yes, no or unknown) (1F yes, give v	NED FORCES? 166 SOCIAL SE WAR OR DATES!	CURITY NO. 17 INFORMANT 216-58-2	ADDRE	
requires that the death certi signed by the attending ph en please remove carbon pa to burial, cremation, or rem y injury, or other traumatic	z	1	DUE TO, OR AS A CONSECUTION OF CONTRIBUTING TO	DENSE RIGHT I	AINAL DISEASE OR CON	DITION GIVEN IN PART 1(0)
s beer law prior. The prior ws any	CERTIFICATION	ANGIO BLASTIC	1 1. 11 000.0	HOPERATION WAS PERFORMED	200 AUTOPSY? YES NOPY	20% IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES \(\begin{array}{cccccccccccccccccccccccccccccccccccc
S PHYSICIAN: Thing physician. r this certificate ha burial-transit perm of Mental Hygiene ed or Item 18 sho		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	216. TIME OF INJURY HOUR A.M. MONTH P.M.	DAY YEAR	RED (ENTER NATURE OF INJUI	RY IN ITEM 18, PART 1 OR PART 2]
DING PL ttending After thi s the buri th and M marked o	MEDICAL	21d, INJURY OCCURRED WHILE ONOT WHILE OF AT WORK	216 PLACE OF INJURY LAT HOME, STREET, FACTORY, OFFICE	E, FARM, ETC.	CITY OR TOW	VN COUNTY STATE
TTTEN tal or a CTOR: or use a of Heal		270 L certify that (1) (this haspital saw the deceased alive an abave, (1) (we) (did) (did nat)	6/23 19	Will I	death accurred on the d	ote and hour and fram the causes stated
TAL SH Property of the hosping and DIRE detached for the north of the		226 SIGNATURE albin l.	Kuln I M	DEGREE ATTENDING PHYSICIAN	MEDICAL STAI	FF B 8 80
TO HOSPITAL retained by the PTO FUNERAL Eshould be detach with the State DIMPORTANT: I		ALBIN O	KUHN II	MD 120 ADDRESS 1001 PINE	HE164751	108 SUITE 202 212
P	23e	BURIAL, CREMATION, REMOVAL SPECIFY) Removal	7/31/80 23	NAME OF CEMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	COUNTY STATE
DHMH-16 25M (VRA 15, 4) 1/79		uneral director name natomy Board	ADDRESS Balto.	8110		Textory & Bready

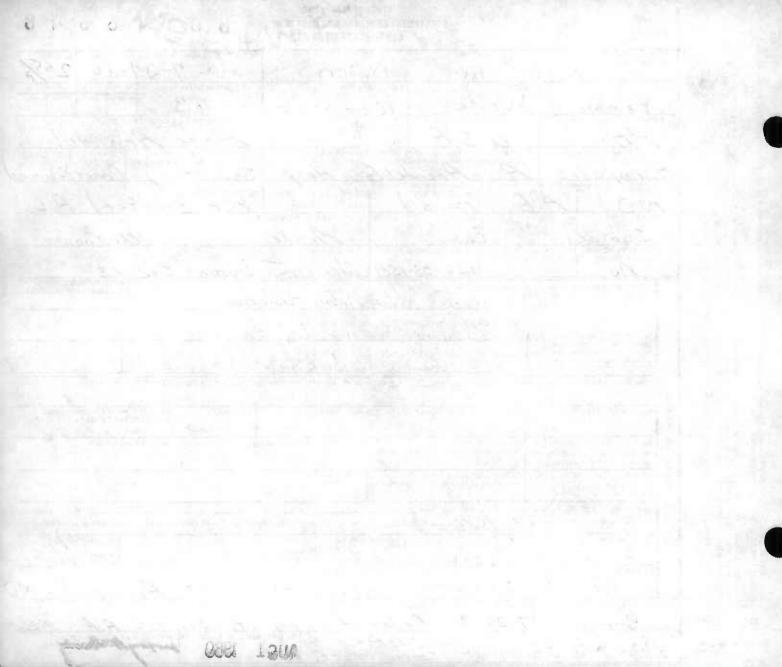


STATE OF MARYLAND

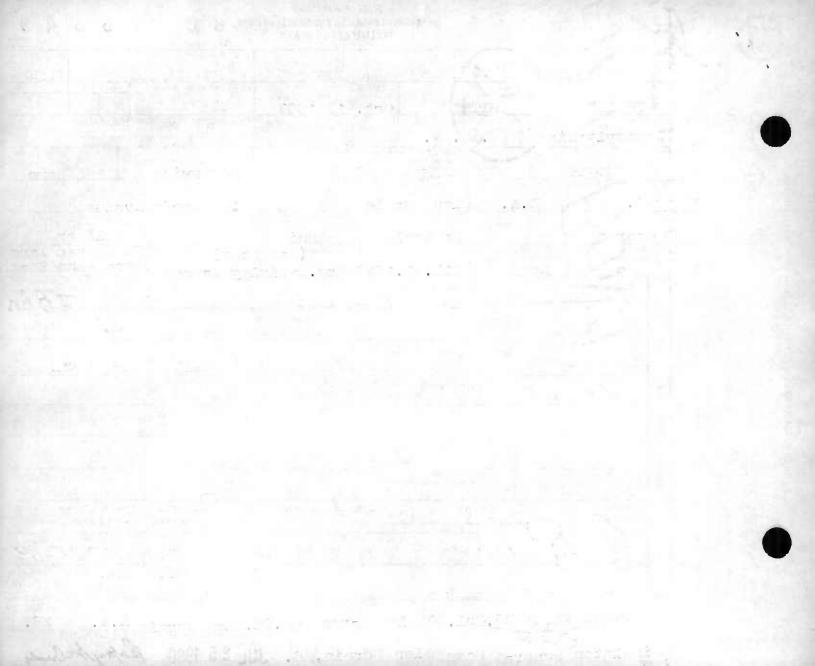


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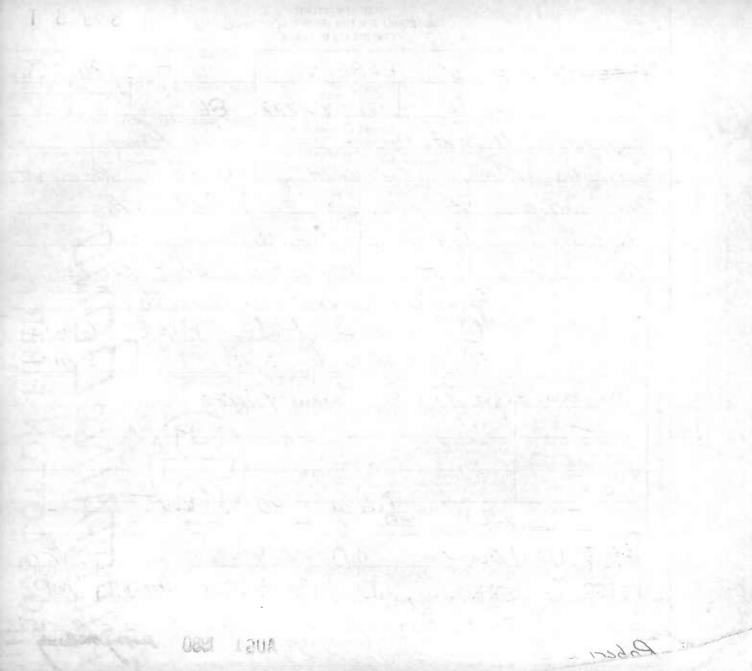
		1	STATE OF MARYLAND					
(A		/	1	FOR STATE REGISTRAR	DEPART	MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	0 0 1 0	6 4 9 DST
688	8	300		CEASED NAME FIRST	MIDDLE	LAST	REG. NO. 20 DATE OF DEATH MONTH DAY	YEAR 26 HOUR A
	be 3 softh		(TYPE	OR PRINT) ANNA	LOUISA	EARNSHAW	JULY 23, 1980	11:50 M
	4 may be tar, page offer deat		3 SE		4 RACE	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY) IF UND	ER I YEAR IF UNDER 24 HRS
	ge 4 ector rs off		-3	FEMALE	WHITE	Oct. 12 1897	82 YRS MONTHS	DAYS HOURS MIN
•	irs ofter death. Pai by the funeral dir filed within 72 hou	exagniner must be notified at once.	C	RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED	9 BALTIMORE CITY OR COUNTY OF DE	EATH
			Pe	ennsylvania	U.S.A.	WIDOWEDX DIVORCED	ANNE ARUNDEL COU	NTY MD.
			GLEN BURNIE		11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) NORTH ARUNDEL HOSPITAL		120 USUAL OCCUPATION 12b (TYPE OF WORK FOR MOST OF WORKING LIFE) IN[KIND OF BUSINESS OR
201							Housewife Own home	
W. PRESTON ST., BALTIMORE, MARYLAND 2120	t hou ed in		USU/ 13a S	AL RESIDENCE (IF NURSING HOME C TATE 136 COU	OR OTHER INSTITUTION, GIVE RESIDENCE BEFOR		13e STREET ADDRESS	
	oth certificate be executed within 24 ending physicion and completely fille e carbon papers. Pages 1 and 2 should in, ar removal				A.A. Glen Bu		109 Woods Aven	ue
			14 FA	THER'S NAME FIRST	MIDDLE LAST	15 MOTHER'S MAIDEN NA	MIDDLE	LAST
X				eorge	Hemmer			liger
OR		medico	16a. V		VE WAR OR DATES)	(daug	7	havez Lane
MI		0				.1626DMrs. Shir	ley Lawson Chesal	peake Beach
8A		c event, th		18 CAUSE OF DEATH Enter of PART 1. DEATH WAS CAUS	inly ane cause per line for to see	A = OLL	12/000 - ART	METWEEN CHIEF AND MADE
N ST.				MAAG IMMEDIA	ATE CAUSE (D)	171 C My france	project / phase	30 mg
101		mofi		4007	DUE TO, OR AS A CONSEOU	ENCE OF / LE POL	and la mage	
PRES	e off	tro.		Canditians, if any, which gave rise to immediate	(b)	2000	The transvir	
	by th	othe		cause (a), stating the underlying cause last	DUE TO, OR AS A CONSEOU	Ten one lova	tio Vastular Din	cola.
201	equires the signed Then plea	ny injury, or	CERTIFICATION	PART OTHER SIGNIFICANT CONDITIONS COMMENTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART TIG				
RDS				skero e fermanent fall naken				
DIVISION OF VITAL RECORDS, 201	beer mit prior			19 DATE OF OFERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED	200 AUTOPSY? 20b. IF YES, WER	E FINDINGS USED CAUSES OF DEATH?
	he lon. hos t per	Swar	TIF				YES NO YES	NO [
	hysicia ficate fransi Hygi	8 9		21a. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DE			RED (ENTER NATURE OF INJURY IN ITEM 18, PART) OF	R PART 2)
Ö	SICIA ng ph certif certif ental	ltem	CAL	(IF EITHER, NOTIFY MEDICAL EXAMINER	P.M.	19		
Sion	this this ne bu	ra pa	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE,	FARM, ETC.) 211. LOCATION STREET	CITY OR TOWN CO	UNTY STATE
NG N	ATTENDING aspital or attending to the CCTOR, After differ use as the first of Health or	State Dept. at Health a NT: If Item 21 is mark		AT WORK		5 9 1	7 9 7	(27)
					pital) attended the deceased fram	19 19 19 19 19 19 19 19 19 19 19 19 19 1	death accurred an the date and haur and f	, that (I) (we) last
				above, (l)(we) (did) (did n	at view the body after death	DEGREE		2c, DATE SIGNED
	he he hoche			5/2	plani		MEDICAL STAFF DIRECTOR PHYSICIAN	791 80
	TO HOSPITAL retained by 11 TO FUNERAL should be det with the State			22d. PHYSICIAN'S NAME (TYPE				1.05.0
				SWADESH K. BHATIANI, M.D. 220. ADDRESS 425 RITCHIE HIGHWAY, S.E. GLEN BURNIE, MARYLAND 21061				
	retained TO FUN should b		230 5			NAME OF CEMETERY OR CREMATORY	BURNIE, MARYLAND ZIO	001
	BP		(10.0	SURIAL, CREMATION, REMOVA SPECIFY) Burial	26 JI21 80 C		CITY OR TOWN COUNT	
		74	24 F	JNERAL DIRECTOR	Sta	len Haven Mem.P	TE REC'D. BY REGISTRAR 236. REGISTRAR'S	
DF	WR A 15 (4))	/0			eral Home Gle	n Burnie Ma	IIII 25 1980 A	- helredy
				I III	TALLING -		The state of the s	



1		STATE OF MARYLAND	
1	FOR STATE	DEPARTMENT OF HEALTH AND MENTAL HYGIENE	6 6 5 0
	REGISTRAR	MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO.	
	PECEASED NAME FIRST		MONTH DAY YEAR 26. HOUR
1	MARGA	PRET AGNES EUSTACE DEATH MATED A	7 5 1980 A N
3. 5	EX 4 RACE 5.	DATE OF BIRTH 6. AGE (IN YEARS IF UNDER 1 YR. LIF UNDER 24 HRS 20. DATE A	NONTH DAY YEAR 26, HOUR
	- 1	MONTH DAY YEAR LAST BIRTHDAY) MONTHS DAYS HOURS MIN. PRONOUNCED	5 ,80 A M
70		CITIZEN OF WHAT COUNTY OF	COUNTY OF DEATH
	FOREIGN COUNTRY)	MARRIED NEVER MARRIED	OUNIT OF DEATH
_	RLAND		vacl. County MD
10.	CITY OR TOWN OF DEATH	I. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) 1. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)	WORK 126. KIND OF BUSINESS OR INDUSTRY
1	wapolis	April Heundal. General L HAIR DRESSER	Beauty
	JAL RESIDENCE (IF IN NURSING HOME OR OT STATE 1 13b. COUNTY)	THER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)	
1	Md. ANNEH	RUNDEL GAMBRILLS YES NO 136. STREET ADDRESS YES NO 1294 LAVALL	DR
14.	FATHER'S NAME	15. MOTHER'S MAIDEN NAME	
34	Michael "	AIDDLE LAST MIDDLE	MC TLAST
160	WAS DECEASED EVER IN U.S. ARMED	D FORCES? 166 SOCIAL SECURITY NO. 17. INFORMANT ADDRESS	1= TUELUEL
100	(YES, NO. OR UNKNOWN) I LIE YES GIVE WAR	R OR DATES)	13A
	NO -	privos cars seed outred	
	18 CAUSE OF DEATH (Enter only or PART I DEATH WAS CAUSED BY	ine cause per line far (o), (b), and (c).)	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
-	IMMEDIATE C	CAUSE 10 Me levis Cerolei Canho Pesselve dosen	e Duce
	1 4290	DUE TO, OR AS A CONSEQUENCE OF	Len.
1	Canditions, if any, which gave rise to immediate	(b)	DAY WELL THE
	cause (o) stating the under-	DUE TO, OR AS A CONSEQUENCE OF	
	lying cause lost.		- The Section of the
	PART 2 OTHER SIGNIFICANT CONDITIONS CONT	TRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a).	
z		TO CENTER OF THE PERSON OF THE	
CERTIFICATION	19a. DATE OF OPERATION	164 CONDITION FOR WHICH OPERATION WAS REPEARATED.	
N V	The DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED?	20. AUTOPSY?
1 1			YES NO 🗹
		216. TIME OF INJURY HOUR A.M. MONTH DAY YEAR 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART	I OR PART 2)
1	CONTRIBUTING CAUSE OF DEA		
MEDICAL	21d. INJURY OCCURRED	210 PLACE OF INJURY (AT HOME, 21f. LOCATION	
1	WHILE NOT WHILE D	STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN	COUNTY STATE
	22a. certify that I took charge of	f the remains described abave, held on Autopsy 🔲, Inspection 🖶, Inquiry 🗐, ond in	my opinion
1	death resulted from: attrol c	couses , Accident , Suicide , Homicide , Undetermined monner ,	
	1900	TITLE (SPECIFY)	
	SIGNATURE STATE	acott MS. M.D. Deport 9 MEDICAL EXAMINER	DATE 7-5-50
1	617	The Experience of the Control of the	
4	EXAMINER'S NAME E.L.	whardy. ADDRESS Some of alis, his	
230	BURIAL, CREMATION, REMOVAL 236.		
	BURIAL 7	18/80 mt OLIVET WASH D.C.	COUNTY STATE
	FUNERAL DIRECTOR		AR'S S ENAMERE
	NAME GEO PKALAS	ADDRESS	y/ wordy
		OXON HILL Md.	

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					E OF MARYLAND	(a) (b)	1 6	4 1	1
6	1.	FOR STATE REGISTRAR	D		FICATE OF DEATH	GIENE B U	1 0	0	
	1. DE	CEASED NAME FIRST	MIDDLE		LAST	20 DATE OF DEATH	MONTH DAY	YEAR 2b	HOUR
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oy b	3. SE:	(4 RACE	5. DATE	OF BIRTH	6 AGE (IN YEARS LAST BIR	THOAY) IFUI	NDER I YEAR IF	UNDER 24 HRS
0		Female	white	MONT	6 8 1299	81	YRS	HS OAYS HO	OURS MIN
Sec. Sec. Sec. Sec. Sec. Sec. Sec. Sec.		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COL	JNTRY? 8	D NEVER MARRIED	9 BALTIMORE CITY	OR COUNTY OF	DEATH	
1 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	/	Maryland	U.S.A	WIDOW		Hone.	House	le.	ME
with ter	10. C	TY OR JOWN OF DEATH	11. NAME OF HOSPITAL,		OR OTHER INSTITUTION	120 USUAL OCCUPAT		26. KIND OF BUNDUSTRY	USINESS OR
by the filled w	1	Innapolis		SCONVA	Lescest Center	Owner	JA WORKING EILE)	Postu	rant
212	USU. 13a. S	AL RESIDENCE (IF NURSING HOME OF 136 COUL	R OTHER INSTITUTION GIVE RESIDEN	ICE BEFORE ADMISSION)	113d INSIDE CITY LIMITS?	13e STREET ADDRESS			
ND 24 h	/	10 19	A. Ann	. 1'.	YES NO	307 ME	luin A	200	
rthin rthin 2 sh	14. FA	THER'S NAME		1	15 MOTHER'S MAIDEN NA				
MAR mplet ond 2		Unknows	MIDDLE	ne!	FIRST	nknown		ŁAST	
- 0 -		VAS DECEASED EVER IN U.S. AF	RMED FORCES? 166 SOCI	AL SECURITY NO.	17 INFORMANT	ADDR	ESS	- A	
BALTIMORE cote be execu- ysicion and c ppers. Pages val. ft, the medical	(,	es, no or unknown) (IF YES, GIV	(E WAR OR DATES)		Philip Fe	eser Sr.	- 50	c. 13	
SALT ore to sicio ipers odl.		18 CAUSE OF DEATH Enter of PART I. DEATH WAS CAUSE	nly one cause pay line for (a)	, the ond ic	1.	,	-4	APPROXIMATE	E INTERVAL
fice of			TE CAUSE (6) MILLO	I dole	rioratio	a due	60		
ON S ding orbo or re		4210	1 - 0	NSEQUENCE OF	/	1	11	,	(0)
ESTOI deoth ottend ave ca trion, a		Conditions, if ony, which	()(1)//	en ou	s strok	e mo	the	6m	102
PRE d he of eman		gove rise to immediate couse (a), stating the	DUE TO OR AS ACO	NE PUENCE OF		, ,	_	- /	
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST NG PHYSICIAN: The low requires that the death cert r attending physicion. ther this certificate has been signed by the ottending post the burial-transit permit. Then please remove carbon th and Mental Hygiene prior to burial, cremation, or ren orked or them 18 shows any injury, or other troumatic ev		underlying couse lost.	1000 19 20	Clino 1	a decub	ih		6 M	200.
S, 20	7	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTI	NG TO DEATH BUT	NOT RELATED TO THE TERM	AINAL DISEASE OR CON	IDITION GIVEN I	N PART 1(0)	
ORD requested s	CERTIFICATION	Nacture		mer.	january	1980			
law law	Ş.	190 DATE OF OPERATION	196 CONDITION FOR	WHICH OPERATIO	WAS PERFORMED /	260 AUTOPSY?	20b. IF YES, WE	ere findings G causes of	DEATH?
TALRI The faction.	Ē					YES NO	YES [10 🗆
DF VITA LIAN: TI physicia rifficate distransi rol Hygi m 18 sh	-	210, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	TIB. TIME OF INJURY HOUR A.M. MON	TH DAY YEAR	21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	IRY IN ITEM 18, PART 1	OR PART 2)	
SICIA ng pl certif urialst entol	CA	(IF EITHER, NOTIFY MEDICAL EXAMINER) P.M.	19					
PHY ending this ie bu d And	MEDICAL	21d. INJURY OCCURRED	21e PLACE OF INJURY (AT HOME, STREET, FACTORY	, OFFICE, FARM, ETC.)	211 LOCATION STREET	CITY OR TO	wn (COUNTY	STATE
NG officer of the officer of the ortheon	1	AT WORK AT WORK		0		Q _a	+		
NDI or NDI or NS A Luse Is m		220.1 certify that this hosp	ital) attended the deceased	from	19 80	, to	19_	, that	tet (we) los
ATTE sprite CTO CTO d for a for	١.	sow the deceased alive or	off vew the body ofter death	1073 1 1	nd that in (my) (mur) opinion	death accurred on the c	iote and hour and	d from the cou	ses stoted
OR A bolkE boke Check bept f ften		72b. SIGNATURE	1 -		DEGREE	/ HEDICAL STA		220 DATE SIG	NED
7 ± 7 ₹ 0 ±		VOTO FUC	Molin		ATTENDING PHYSICIAN	MEDICAL STA	CIAN	7/27/	80
		22d. PHYSICIAN'S NAME (TYPE C	DR PRINT)		22e ADDRESS	200	Λ	11 /1	1
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75 5 7 4 3 8	23o. E	URIAL, CREMATION, REMOVAL	23b. DATE	22 NAME OF	EMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	cour	NTY	STATE
BP	_ '	Burial	7-29-80	Glen	Haven Cen	. 111	Surnie .	AA	MD.
DHMH - 16 50M 1/76	24. FI	INERAL DIRECTOR	ADF	DRESS 501/F	2. tchicke 250 RAT	E REC'D. BY PECHSTEAN	25h PETERSTANE	And	ede
(VR A 15 (4))	1	obert S.B.	arranco-	50,1100	a P / AL	IGT 1900			1



		1	FOR • STATE		DEPARTMENT OF H	E OF MARYLAND EALTH AND MENTA	L HYGIENE 8 U	166	5 2
1		Ŀ	REGISTRAR		CERTIF	ICATE OF DEATH	REG. NO)	
0.6		1 DE	CEASED NAME A FIRST	MIDDLE	2	AST	20. DATE OF DEATH	MONTH DAY YEAR	2b. HOUR
ny be			TOYA	II B	. Jeh	3USON		ין מט זט	57/PM
E d		3. SE		4 RACE	5 DATE (DAY YEA	6 AGE (IN YEARS LAST BIRTH	MONTHS DAYS	IF UNDER 24 HRS HOURS MIN.
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	L.	(RTHPLACE (STATE OR FOREIGN OUNTRY)	76 CITIZEN OF WHAT	MARRIE	D NEVER MARRIED	BALTIMORE CITY OF		
death.	E		irginia	U.S.				undel Co.	MD.
rs offer	100	6	en Bulie	IF NOT IN SUCH SACIL	TAL, NURSING HOME O	OR OTHER INSTITUTION	120 USUAL OCCUPATIO (TYPE OF WORK FOR MOST OF Maintenar	WORKING LIFE) INDUSTRY	c Center
filled in ould be	must be	USU 130.	AL RESIDENCE (IF NURSING HOME OR STATE 136 COUN	OTHER INSTITUTION, GIVE RITY	esidence before admission) ITY OR TOWN alto	13d. INSIDE CITY LIMI	13: STREET ADDRESS 3555 Hort	on Ave.	
erely i 2 sh	niner	14. F	ATHER'S NAME	WIDDLE	LAST	15. MOTHER'S MAIDE	N NAME MIDDLE		
mple	exon		Allen		rguson	Mattie	A.	Cole	man
d comp	00	160	VAS DECEASED EVER IN U.S. ARI	MED FORCES? 166 S	OCIAL SECURITY NO.	17 INFORMANT		S Alexandr	ia, Va.
n and Page	med .		NO	22	6 03 2618	Etta Wal	ker 4602 Tip	ton Ln	
physicia npapers maval.	vent, the		18 CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE)	ly one cause per line fo D BY E CAUSE (a)	ME THS TH	tic (AR)	(INCMA	APPROXIE BETWEEN C	MATE INTERVAL DISET AND DEATH
ding arban	atic e		1639 IMMEDIAT	DUE TO SAL	CONSEQUENCE OF		/		7
ive co	un n		Conditions, if any, which	(JAKE)	Will Flore	ma of	LUNG		
by the a	other tro		gove rise to immediate cause (a), stating the underlying cause last	DUE TO, OR AS A	CONSEQUENCE OF	1			
signed hen plec	المركة مد	Z	PART 2 OTHER SIGNIFICANT C	ONDITIONS CONTRI	BUTING TO DEATH BUT	NOT RELATED TO THE	TERMINAL DISEASE OR COND	ITION GIVEN IN PART 110	
permit. T	is any in	CERTIFICATION	19a DATE OF OPERATION	196 CONDITION	FOR WHICH OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE FINDIN IN CERTIFYING CAUSES	IGS USED OF DEATH?
cio cio gre	sho	ERT	210 ACCIDENT WAS UNDERLYING	1 21b. TIME OF INJU	IDV	Tal, HOW INTURY OF	YES NO	YES	NO 🗆
ending physici this certificate the burial-transi	8 9		OR CONTRIBUTING CAUSE OF DEA		MONTH DAY YEAR	216. HOW 1430K! O	CCORRED TENTER NATURE OF INJURY	IN HEM 18, PART I OR PART 2]	
	r Her	MEDICAL	[] IF EITHER, NOTIFY MEDICAL EXAMINER)	P.M.	19	21f LOCATION			
ter this	orked or	MEC	WHILE NOT WHILE AT WORK		CTORY, OFFICE, FARM, ETC.)	STREET	CITY OR TOWN	N COUNTY	STATE
es es	E S		220.1 certify that (1) (this haspit			9 p.S.1 / 19	77., to July	19.00	that (I) (we) lost
R ATTENDI haspital ai RECTOR: A ned for use	21		saw the deceased alive on obave, (I) (we) (did) (did na	1) view the bady often	19	and that in (my) (pur) ap	ornion death accurred on the da	te and haur and fram the	couses stated
ch en	T: If Hem		226. SIGNATURE / Amus	J. G.	dA,	DEGRES ATTENDI	NG MEDICAL STAFI	F 7-2	3-80
retained by the TO FUNERAL I should be detained by	ORTAN		22d. PHYSICIAN'S NAME (TYPE OF	RPRINT)	Codd	The ADDRESS	n Sevenna	A mas	31146
of of stay	Ž-	23a.	BURIAL, CREMATION, REMOVAL	23b. DATE	23c. NAME OF C	EMETERY OR CREMAT	ORY 23d LOCATION	771	
3P			Burial	7/26/8			Pk Glen But	COUNTY COUNTY	STATE Md.
- 16 50M 1/7	6	24. F	UNERAL DIRECTOR		ADDRESS Balto		o. DATE REC'D. BY REGISTRAR		
RA 15 (4))		G	eorge J. Gono	e 4001 R	itchie He	wy.	JUL 29 1980	propay Mal	Andy

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10		1 -	FOR STATE REGISTRAR	DEPART	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HYO CERTIFICATE OF DEATH	GIENE 8 0	6 6 5 3
	oy be ogge 3 death		CEASED NAME FIRST MARS	TORIE E.	FIESELER	20. DATE OF DEATH MONTH	DAY YEAR 26. HOUR 3.25 N
	4 mo	3. SE	emale	White	July 13 1924	6. AGE (IN YEARS LAST BIRTHDAY) 56 YRS	IF UNDER LYEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN.
	() \$25	7a B	Naryland	CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED WIDOWED DIVORCED		UDEC MD
107	ors after a filter of filter.	A	NO POLIS AL RESIDENCE (IF NURSING HOME OR O	(IF NOT IN SUCH FACILITY, GIVE STREET	General Hose	TYPE OF WORK FOR MOST OF WORKING LI	12b. KIND OF BUSINESS OR INDUSTRY
LAND	in 24 ha shauld be shauld be min 24 ha	13a.	AT ATE 13b. COUNT		N - 13d INSIDE CITY LIMITS?	130 STREET ADDRESS ROSECTE	st Dr.
E, MAKT	camplete 1 ond 2	H		ACMISC ED FORCES? 166 SOCIAL SECU	FIRST	ADDRESS	Doodward
N N	ian and irs. Pages		YES, NO OR UNKNOWN) (IF YES, GIVE W	216-18-	5/82 Walter 3	S. Fieseler	Same as#1
Z	certificate ing physic rban pape ir remaval		PART I. DEATH WAS CAUSED IMMEDIATE	CAUSE (0) 100 61	arrival		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
PKESIO	ne attend emave co matian, a		Conditions, if any, which gave rise to immediate	DUE TO, OR AS A CONSEOU	and of	aretin	5 wh
Z01 w.	red by the please regreter, ar ather		underlying couse lost	DUE TO, OR AS A CONSEQUE	DEATH BUT NOT RELATED TO THE TERM	AINAL DISEASE OF CONDITION OF	Jy,
, o	en sign Then ir ta bu	NO	PART 2. OTHER SIGNIFICANT CO	CONTRIBUTION TO	DEATH BOT NOT RELATED TO THE TEXT	WINAL DISEASE OR CONDITION OF	VEIN IN FART TIOT
At REC	ion. has been if permit in permit i	CERTIFICATION	19a DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED	IN CERTI	S, WERE FINDINGS USED FYING CAUSES OF DEATH? ES NO
5	SICIAN: TI ng physici certificate priol-transil tem 18 sh		210, ACCIDENT WAS UNDERLYING OR CONTRIBUTING GAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	P.M.		RRED (ENTER NATURE OF INJURY IN ITEM 18,	PART 1 OR PART 2)
N IN INC	ottendin ottendin ter this of as the bu h and Mo	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE,	FARM, ETC.) 211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
	TTENDIP prital or TTOR: A for use of Healt		22a. I certify that (1) (this hospital saw the deceased alive an above. (1) (we) (did) (did not)	19	, ond that in (my) (our) opinion	death accurred on the date and ho	ur and from the causes stated
	TAL OR A yy the has NAL DIREC detached tote Dept. NT: # Hem		226 SIGNATURE	lifly	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	7-15-80
	HOSPITAL Toined by the sould be det out the Stote of the the Stote of		22d. PHYSICIAN'S NAME (TYPE OR P	FIPLEY	220 ADDRESS	polis, m.	
	7 = 7 + 3 ₹	230	BURIAL CREMATION REMOVAL	22h DAYE 4 23	NAME OF CEMETERY OF CREMATOR	234 LOCATION	

23d. LOCATION

RET DE BYREGISTRAR 256 REGISTRAR'S SIGNATURE

136 NAME OF CEMETERY OR CREMATOR

Sons Annapolis Mi

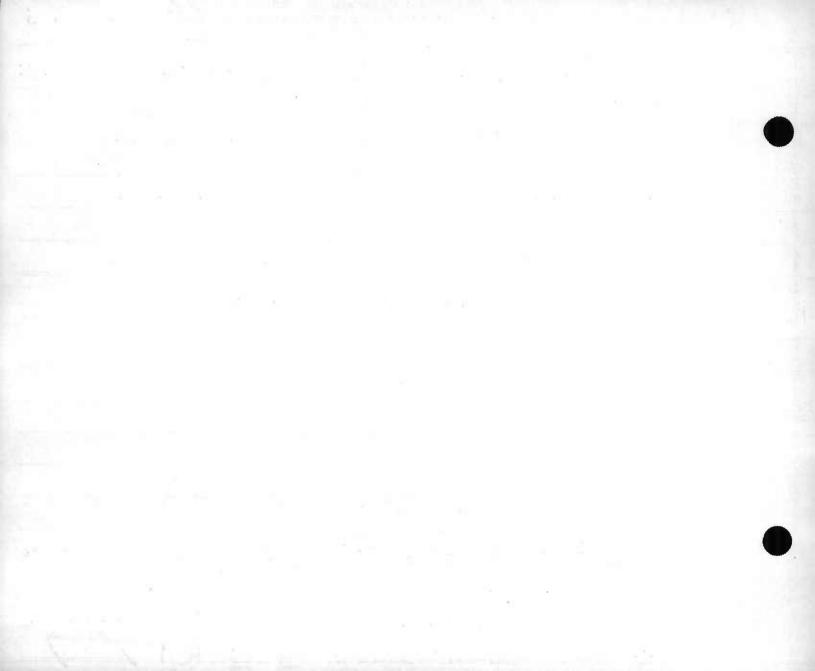
BP. DHMH - 16 50M 7/77 (VR A 15 (4)) 230. BURIAL, CREMATION, REMOVAL

23b. DATE

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18	1	FOR STATE REGISTRAR	DEPART	MENT OF HEALTH AND MENTAL CERTIFICATE OF DEATH	HYGIENE 8 REG. N	16554
24	(IYPE	CEASED NAME FIRST OR PRINTS	MARIE F	ONTANA	20 DATE OF DEATH	MONTH DAY YEAR 26 HOUR 7-21-20 1:35/
or other d	THE	FEMALE	CAUCASION	5 DATE OF BIRTH MONTH DAY 19 YEAR 2 / 14 / 9 3	87	MONTHS DAYS HOURS MIN.
S/G	. C	RTHPLACE ISTATE OR FOREIGN DUNTRY) PELAWARE	76 CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED WIDOWED DIVORCED		or county of death kx Anne Arundel Cour
Ottled		OOKLYN PK, MD.	(IF NOT IN SUCH FACILITY, GIVE STREET	NG HOME OR OTHER INSTITUTION ADDRESS) ANE NSG 40ME	120. USUAL OCCUPAT	ION 12b. KIND OF BUSINESS OF INDUSTRY
# # # # # # # # # # # # # # # # # # #	130.	ARYLAND CAL	ROTHER INSTITUTION, GIVE RESIDENCE BEFOR NTY 13c. CITY OR TOW CROLL BERKE	N 13d. INSIDE CITY LIMIT YES NO NO	605 TR	XAM Rd.
060 060		JOHN	MIDDLE ROMAN	15. MOTHER'S MAIDE	MIDDLE	UNKNOWN
2 medical		VAS DECEASED EVER IN U.S. AR yes, no or unknown) (IF yes, giv	RMED FORCES? 16b SOCIAL SECU E WAR OR DATES) 221 - 2	n 41	ADDR DE HEWETT	BERRETT Md. ZI784 BERRETT Md. ZI784 APPROXIMATE INTERVAL INTERVA
injury, ar other t	NOI	gove rise to immediate couse (a), stating the underlying couse last. PART 2 OTHER SIGNIFICANT (DUE TO, OR AS A CONSEOU (c) CONDITIONS CONTRIBUTING TO		TERMINAL DISEASE OR CON	IDITION GIVEN IN PART 1(0)
shows ony	CERTIFICATION	19a date of operation	196. CONDITION FOR WHICH	OPERATION WAS PERFORMED	20a AUTOPSY? YES NO	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES \(\text{NO} \)
or Item 18	MEDICAL CE	21a ACCIOENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE. (IF ETHER, NOTIFY MEDICAL EXAMINER 21d. INJURY OCCURRED		19 21f. LOCATION	CCURRED (ENTER NATURE OF INJU	
21 is morked	~	saw the deceased alive on	ital) attended the deceased from_		, to	
VT: If Item		1226. SIGNATURE	wasto or		NG 1 MEDICAL STA AN DIRECTOR PHYSI	FF 7-Z/-8
with the Stote		22d. PHYSICIAN'S NAME (TYPE C		22e ADDRESS		The state of the s
	230	BURIAL, CREMATION, REMOVAL SECIFY)	7/25/80 23t.	NAME OF CEMETERY OR CREMATO	CITY OR TOWN	rator Delaware
M 1/76 ())	24 F	NAME LOTOY M.	& Russell C.mulit Ave Catonsville	zke Funeral Hodë , Md. 21228	DATE REC'D. BY REGISTRAR	256. RECOUTRAR'S SIC NATIVE

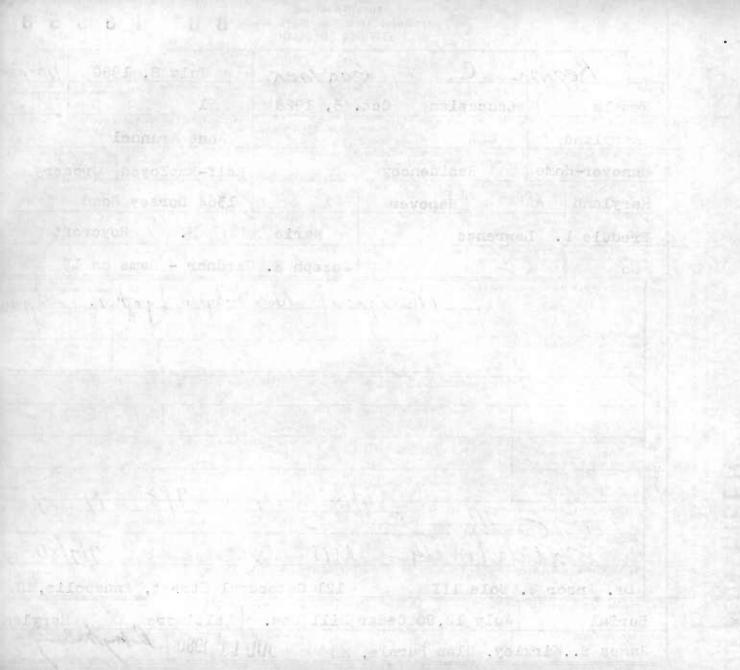
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	1	FOR STATE REGISTRAR	DEP		HEALTH AND MENTAL HY	GIENE 8 0	166	5 8
AK	I. D	ECEASED NAME FIRST PEOR PRINT)	MIDDLE C		Sardner	July 8		26 HOUR 1/50 PM
(西川)	3 S	A STATE OF THE STA	4 RACE	MONT	OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS	
30		Female	Caucasian	Oct		51	YRS	
10	70.1	SIRTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT COUNT	MARRIE		9 BALTIMORE CITY OR CO		
100	10.0	Maryland TITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NU	WIDOW RSING HOME		Anne Aru		MD. OF BUSINESS OR
D(9	Hanover-	(IF NOT IN SUCH FACILITY, GIVE S Reside	ncey		Self-Emplo	KING LIFE) INDUSTR	
g Z	13a.	JAL RESIDENCE (IF NURSING HOME OF STATE Maryland AA		TOWN	13d INSIDE CITY LIMITS?	1364 Dors	ey Road	
2	14. F		MIDDLE LAST		Marie	AME AMDDIE	Royer	ôft
medicol		(YES, NO OR UNKNOWN) (IF YES, GIVE	MED FORCES? 166 SOCIALS	SECURITY NO	Joseph E.	Gardner - S	ame as	13
prior to burial, crem any injury, ar other	CERTIFICATION	couse (o), stating the underlying cause last. PART 2, OTHER SIGNIFICANT C	DUE TO, OR AS A CONSE	TO DEATH BUT		20a AUTOPSY? 20b	DN GIVEN IN PART I	DINGS USED
ows	7 1					YES NO	YES	NO [
	4	710. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (# EITHER, NOTIFY MEDICAL EXAMINER)		DAY YEAR		RRED (ENTER NATURE OF INJURY IN I	TEM 18 PART 1 OR PART 2)	
or Hem	MEDICAL	21d. INJURY OCCURRED	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OF	FICE FARM FTC)	211. LOCATION STREET	CITY OR TOWN	COUNTY	STATE
morked	>	WHILE NOT WHILE AT WORK	(A. HOME, STREET, FRETORT, OF	F.2	110 7	7/8	70	
21 is ma		220.1 certify that (1) this haspi	-///	S.F. 10.		death occurred an the date a	nd hour and from th	ne couses stated
TANT: If Ben		226 PHYSICIAN'S NAME ITHE	Wololes	<u>, </u>	ATTENDING PHYSICIAN 1220 ADDRESS	MEDICAL STAFF DIRECTOR PHYSICIAN	0 2/	1/80
MPORTANT		Dr. Ensor W				dral Street	, Annapo	lis,MD
	230.	BURIAL, CREMATION, REMOVAL (SPECIFY) Burial	July 12,80		Hill Cem.	123d. LOCATION CITY OR TOWN Baltimore	COUNTY	Marylan
1/75	24	FUNERAL DIRECTOR			25a. DA	TE REC'D. BY REGISTRAR 256.		Create
))		James S. Kirk	cley, Glen B	urnie,	MD JU	L 1 1 1980		



(VR A 15 (4))

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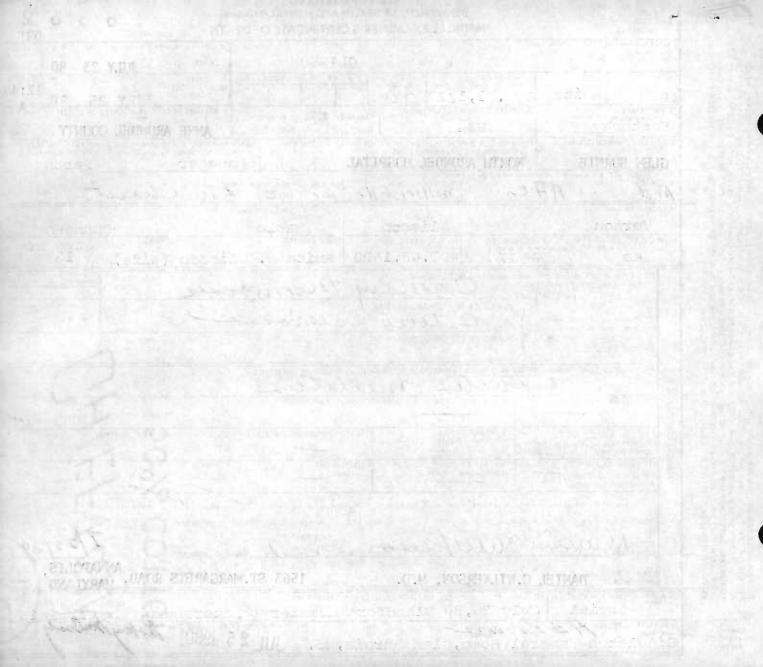
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ods M	23e.	BURIAL, CREMATION, REMOVAL SPECIFY)	1/16/80	23¢ NAME OF C	emetery or crematory	23d. LOCATION CITY OF TOWN	COUNTY	PH
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AI DIRECTOR: After H detached for use as the ote Dept. of Health and II: If them 21 is marked		220.1 certify that (I) (the sown the deceased & 22b SIGNATURE	is hospitol) o	7/11	deceased from 19 of the death.		nd that in (my) (our) opinion DEGREE ATTENDING PHYSICIAN	death occurred on the do			
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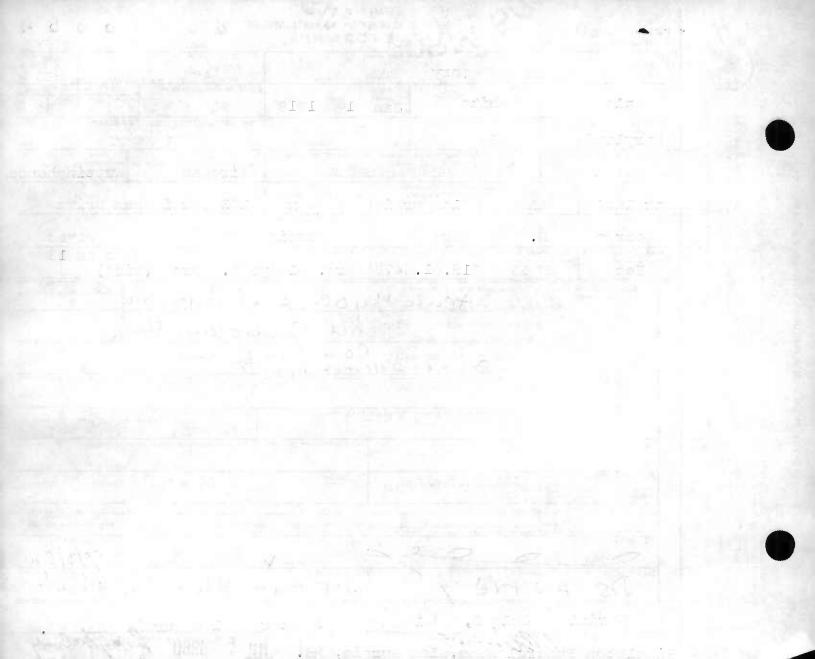
8.3.	7-	FOR STATE REGISTRAR			DEPARTMENT OF	HEALTH		HYGIENE DE DEAT	0	16	6 6	2
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PLEAS ECTOR FILES HOUR STREET	3. SE	(J 4. RACE	5. DATE OF BIRTH	I6. AGE (IN)	EARS IF UN	NDER 1 YR. IF UNDER	R 24 HRS. 2c.	DATE DATE	MONTH	23 19 80 DAY YEAR	2d HOUI
SARY, AL DIRI YOUR STON S		ale	White	-	1922 30	RS.	HS DAYS HOURS		DEAD CO		2.3 1980	12:4
S NECESSARY, PLEASE FUNERAL DIRECTOR 5 FOR YOUR FILES. D, WITHIN 72 HOURS W, PRESTON STREET,	K	entuck	ху	US		MARR WIDOW	IED NEVER MARE	KIED L	ANNE AF		COUNTY	445
AY IS PAGE 7301	G	LEN BUR	NIE	NORTH A	SPITAL, NURSING HOM CILITY, GIVE STREET ADDRESS; RUNDEL HOS	PITAL	IER INSTITUTION	FOR MOST	OCCUPATION OF WORKING LIFE) ager		12b. KIND OF BU OR INDUST Parts	RY
MD. 21201 EATH. IF ANY DELEATH. IF AND 3 TO PM 3. RETAIN 1 ND 2 SHOULD BE VUTAL RECORDS.	130,5	d	13b. COUM	ROTHER INSTITUTION, GI	130. CITY OR TOWN		13d. INSIDE (ITX: MITS? YES NO	5	ADDRESS C	hall	f.	
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BALTIMORE, MD. URS AFTER DEATH URS AFTER DEATH WITH FORM PM. PAGES I AND 2 DIVISION OF VITA	16a. V	VAS DECEASED ES, NO, OR UNKNO Yes	DEVER IN U.S. ARA	WAR OR DATES)	16b. SOCIAL SECURI 407.03.1	IY NO.	Anita C	112	ADDR SSOn (1	ESS	Same 13	
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BIVISION OF VITAL RECORDS, 301 S CERTIFICATE SHOULD BE EXECUTE RITING THE WORD "PENDING" IN P ROED TO THE CHIEF MEDICAL EX, E 3 SHOULD BE USED AS A BURRAL E DEPARTMENT OF HEALTH AND M PRIOR TO BURRAL, CREMATION, OR	MEDICAL CE	UNDERLYING CONTRIBUTIN	G CAUSE OF D	EATH P.M	MONTH DAY YEA	R	OW INJURY OCCURRE	ED (ENTER NATU	re of injury in Item	A 18 PART 1 OR PAR	T 2)	
DIVIS THIS CER WARDED FAGE 3 STATE DER	MED	21d. INJURY O WHILE AT WORK	NOT WHILE AT WORK	21e. PLACE C STREET, FACT	OF INJURY (AT HOME, ORY, FARM, ETC.)		CATION	CIT	Y OR TOWN	cou	NTY	STATE
EXAMINER: CERTIFICATE JID BE FOR DIRECTOR: WITH THE WARYLAND, 2		220. I certif death resulte ACTUAN SIGNATURE		e of the remoins described causes ,	cribed obove, held on Accident , Si	Autap	Homicide	Undetermi	nquiry , ned manner .	ond in my opi , DATE SIGNED	8/23	180
BE4508	-	EXAMINER'S N	DANIEL	C.WILKER	SON, M.D.		ADDRESS_1563	ST.MAR	GARETS F		NAPOLIS ARYLAND	
BACECLE PAGE AFTER BALTIN	(5	JRIAL, CREMAT PECIFY) BU.	rial (b. DATE	80 Bland			23d. LOCAT CITY OR TO Pet	ersbur	COUN		TATE
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	-	1 - STATE REGISTRAR				STATE OF MAI T OF HEALTH A ERTIFICATE (ND MENTAL HYG	IENE 8 0) o.	6 6	6 3 EDT
250	1	DECEASED NAME (TYPE OR PRINT)	FIRST	MIDDLE		LAST			MONTH DA		26 HOUR
nay be page 3 rr death		1000	MERL			ODFREY		JULY 22			2:00Pm
ge 4 ma ector, po rs ofter (3	Female		Caucasi	020	Apr. 2	190 ^{YEAR}	6. AGE {IN YEARS LAST BIRT		ONTHS DAYS	HOURS MIN
18 EA	1	o. BIRTHPLACE (STATE COUNTRY) West Vir		CITIZEN OF WHAT	N	ARRIED NE	VER MARRIED	9 BALTIMORE CITY O			MD
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in 24 haur y tilled in hould be t	B	USUAL RESIDENCE (IF N 13a STATE Md.	13b COUNTY AA	HER INSTITUTION GIVE RE		ie 13d INSI	DE CITY LIMITS?	13e STREET ADDRESS 308 Verr	non Av	renue	
and 3 and 3	20	Samuel			neking	1	HER'S MAIDEN NA Martha	MIDDLE		Spend	er
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uires that the death ce signed by the attending ten please remove carb burial, cremation, aria ury, or ather traumatics		underlying ca	immediate oting the use lost.	DUE TO, OR AS A	fren	of uscler	Stie d	Accident Boulan isease INAL DISEASE OR CON	DITION GIVE	N IN PART 11c	0.
he low requor. on. to been a permit. The ene prior is own any injurted.	9	190 DATE OF OPE	RATION	196 CONDITION	FOR WHICH OPE	RATION WAS PI	ERFORMED	20a AUTOPSY?	20b. IF YES, IN CERTIFY YES	WERE FINDING CAUSES	IGS USED OF DEATH?
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TO HOSPITAL retoined by 1 TO FUNERAL should be det with the State	1	L. SEI		N, M.D.		615		DS LA., BA	LTIMO	RE, MAI	21225 RYLAND
BP		3a. BURIAL, CREMATIC (SPECIFY) Burial	N, REMOVAL	23b. DATE 26July8			or crematory Cemetery		Jest V	ounty /irgin	state 118
DHMH - 16 50M 1/76		Tamba C			ADDRESS		25a. DAT	E REC'D. BY REGISTRAR	25b. RECESTR	AR'S SIC SAT	Cready

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(VRA 15, 4) 1/79



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FOR

24 FUNERAL DIRECTOR

Mitchell-Wiedefeld Home 6500 York Rd 21212

DHMH-16 25M (VRA 15, 4) 1/79 1 - STATE

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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business on idia.

conell-siedenold nore 6500 York no 21272

	1	STATE REGISTRAR	DEPARI	MENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	REG. N	1. 0 0 0
nay be nage 3 death		CEASED NAME FIRST EDNA	C.	HAGEN	JULY 11	MONTH DAY YEAR 25. HOUR . 2:00
or, pag or, pag iter de	3 SE	× Female	4 RACE White	5 DATE OF BIRTH MONTH DAY YEAR 10 - 13 - 1900	6 AGE IN YEARS LAST BIR	
d .		IRTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED WIDOWED DNORCED		OR COUNTY OF DEATH JNDEL COUNTY
by the ed will	10 C	GLEN BURNTE	11. NAME OF HOSPITAL, NURSING (IF NOT IN SUCH FACILITY, GIVE STREET NORTH ARUND)	NG HOME OR OTHER INSTITUTION ADDRESS)	120 USUAL OCCUPAT (TYPE OF WORK FOR MOST OF	OF WORKING LIFET INDUSTRY
filled in H	USU 13e	AL RESIDENCE (IF NURSING HOME C STATE / 13b COU	OR OTHER INSTITUTION, GIVE RESIDENCE BEFOR	E ADMISSION)	13. STREET ADDRESS 7445 Fuk	BI
ompletely and 2 should exam	14. F	ATHER'S NAME FIRST	MIDDLE KENI	IS MOTHER'S MAIDEN NA		Buet The
e be exec	160 \	WAS DECEASED EVER IN U.S. A YES, NO OR UNKNOWN) (IF YES, GI	RMED FORCES? 166 SOCIAL SECTIVE WAR OR DATES) 2/6-42	1817 NO 17 INFORMANT 8 -8398 John P. Horge	ADDR 4, 5R, 7465 F	MANNER BRATER RO
requires that the death signed by the attendin en please remove carbo to burial, cremation, or the traum	z	Canditions, if any, which gave rise to immediate cause (a), stating the underlying cause last	DUE TO, OR AS A CONSEOU (b) DUE TO, OR AS A CONSEOU (c) CONDITIONS CONTRIBUTING TO	lace Lead for	AINAL DISEASE OR COM	NDITION GIVEN IN PART 1(0)
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ENDING Por attending DR: After the as the bur lealth and N is marked	MED	WHILE NOT WHILE AT WORK	21R PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE,	FARM, ETC.) 211 LOCATION STREET	CITY OR TO	WN COUNTY STATE
ork ATT hospital of DIRECTO Dept. of H		saw the deceased alive a	ot) view the bady after death.	DEGREE ATTENDING	MEDICAL STA	
TO HOSPITALE retained by the TO FUNERAL should be detect with the State I		ROBERT B. BURIAL, CREMATION, REMOVA (SPECIFY) BURIAL	KROOPNICK, M. 1 236 DATE 236 2 -14 -80	D. GLEN BURN. NAME OF CEMETERY OR CREMATORY Lea Haven Menanial Pa	IE, MARYLA 134 LOCATION CITY OF TOWN	AND 21061
DHMH-16 25M (VRA 15, 4) 1/79		UNERAL DIRECTOR NAME NAME NAME NAME NAME NAME NAME NAME	AMMRES	250. DAT AL, 150/E, FOAT PARE	E REC'D. BY REGISTRAR	25h REGISTRAP'S SIGNATURE

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9	1.	STATE REGISTRAR	DEPARTM	CERTIFICATE OF DEATH	REG. NO.
MA		CEASED NAME FIRST Hazel	Ivor	Hale	20. DATE OF DEATH MONTH DAY YEAR 26. HOUR
1	3. SE		4 RACE White	5. DATE OF BIRTH Jan. 8, DAY 1913	6. AGE (IN YEARS LAST BIRTHOAY) IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN.
73 hour	7a BI	RTHPLACE ISTATE OR FOREIGN OUTPRY) Anyland	76 CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED [WIDOWED DIVORCED [9 BALTIMORE CITY OR COUNTY OF DEATH
onfed a		Pasadena	11. NAME OF HOSPITAL, NURSING (IF NOT HOSPITAL) FOR EACH TO STREET, A	G HOME OR OTHER INSTITUTION	126 USUAL OCCUPATION (TYPE OF WORKFOR MOST OF WORKING LIFE) 126 KIND OF BUSINESS OR INDUSTRY Westinghouse
must be r	130 5	STATE, , MID COUP	OTHER INSTITUTION, GIVE RESIDENCE BEFORE NIX Pasaden	1 13d INSIDE CITY LIMITS	
Strainer 20	14. FA	NTHER'S NAME Nicholas	Wolker Volker	t (otheris	NAME MIDDLE A 1 45T
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ase remave carbanpap I, cremation, ar remavo ather traumatic event,		PART I. DEATH WAS CAUSE IMMEDIAT Conditions, if ony, which gove rise to immediate couse iol, stating the underlying cause last.	1 1 1 1 1	Drain E Decu	Disease (Terminal)
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ept. of Health tem 21 is mo		220.1 certify that (1) (this haspi sow the deceased all it is above, (1) (we) (did) (dusing	tal) attended the deceased fram 19 19	, and that in (my) (our) opini	, to, that (I) (we) last ion death occurred on the date and hour and fram the causes stated
State D		274 PHYSICIANS NAME (THE G	Aul D	22e. ADDRESS	DIRECTOR PHYSICIAN July 3, 1900
should be det with the State		BURIAL, CREMATION, REMOVAL	, ,	IAME OF CEMETERY OR CREMATOR	pod Rd., Glen Burnie, Md. 21061 RY 130 LOCATION COUNTY ATAJE
)M 7/77 (4))	24. F	UNERAL DIRECTOR	. & Tick Neck Rds.		Baltimore, County Md. Date rec'd. By registrar to be strate to many many many many many many many many

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE REGISTRAR REG. NO I. DECEASED NAME 20. DATE KNOWN & (TYPE OR PRINT) OF ESTI-FILES. DEATH MATED SEX IF UNDER IF UNDER 24 HRS DATE LAST BIRTHDAY) PRONOUNCED DEAD 02 70 BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH b. CITIZEN OF WHAT COUNTRY MARRIED NEVER MARRIED FOREIGN COUNTRY Wash. D.G DIVORCED L.COUR CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION Const. Worker Self Emp 21666 ULCOUNTY 13g. STATE 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS Kent Stevensvill Box 283 Birch Rd Md NO X .0. VITAL 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE LAST FIRST AND Unknown Unknown 8 17. INFORMANT ADDRESS 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO DIVISION (YES, NO. OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 578-01-3628 Mrs Elizabeth Hanks as above CAUSE OF DEATH (Enter only one cause per line for CWATE INTERVAL PERMIT PART I DEATH WAS CAUSED BY: HYGIENE, IMMEDIATE CAUSE DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove rise to immediate couse (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. CREMATION, PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (0 CERTIFICATION 190. DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? OF BURIAL. YES [E 3 SHOULD BE E DEPARTMENT O PRIOR TO BURIA 21g. EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH MEDICAL P.M 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME 21f. LOCATION NOT WHILE STREET, FACTORY, FARM, ETC.) CITY OR TOWN COUNTY STATE WHILE AT WORK AT WORK PAGE 4 SHOULD BE FOR TO FUNERAL DIRECTOR: AFTER DEATH, WITH THE SBALLIMORE, MARYLAND, 2" 22a. I certify that I took charge of the remains described above, held an Autopsy Inspection death resulted from Accident Homicide Undetermined monner TITLE (SPECIFY SIGNATURE EXAMINER'S NAME (TYPE OR PRINT 23d LOCATION 230. BURIAL, CREMATION, REMOVAL 23b. DATE 23c, NAME OF CEMETERY OR CREMATORY STATE Buria] New Cathedral Baltimore, Maryland 24. FUNERAL DIRECTOR **DHMH - 17** Truman Schwab 515 Balto.Nat'l.Pik (VR A15 ME (5)) 30M 7/73

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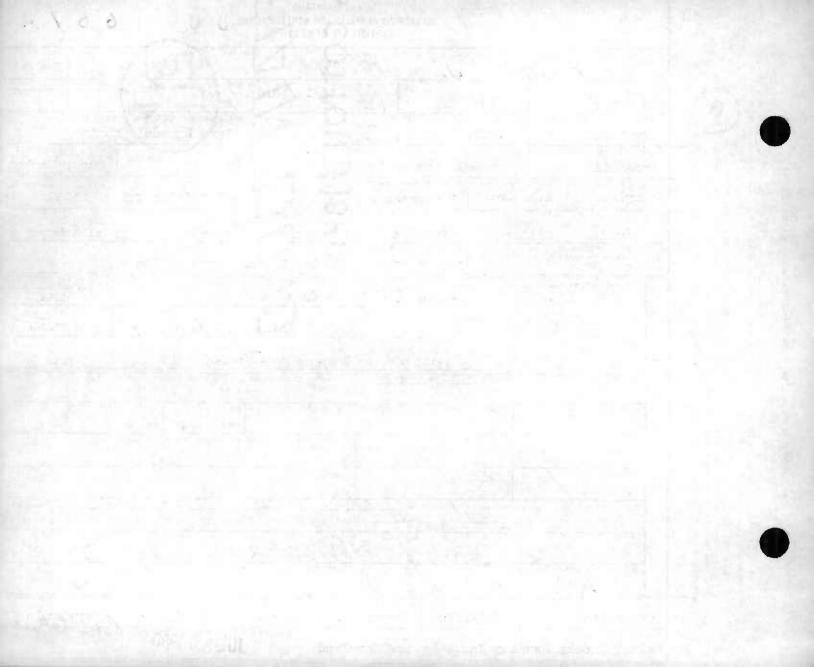
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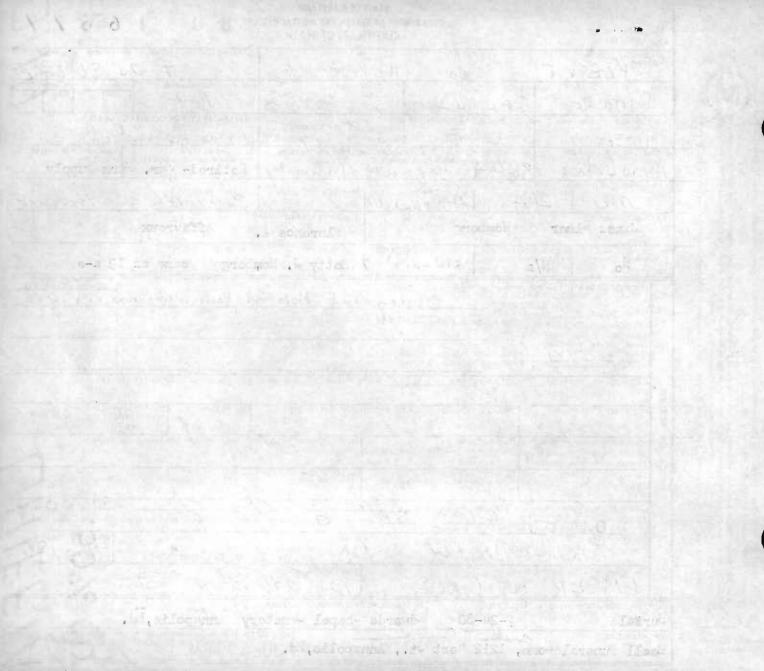
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH DECEASED-NAME First Middle 2a. DATE OF DEATH 2b. HOUR (Type ar print) Manth Year Cornele ann 707R M IF UNDER 1 YEAR 3. SEX 4. RACE S. DATE OF BIRTH 6. AGE IF UNDER 24 HRS. In years last birthday) MONTHS HOURS Female Negro Nov. 20-1891 YRS. 7a, BIRTHPLACE (State ar fareign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED Maryland ed USA WIDOWED X DIVORCED | Anne Arundel 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital 12a. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR pe give street address) 282 Bay Front Rd. during most of working life, even if retired.) INDUSTRY ed in by shauld MARYLAND 21201 Lothian Housewife 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER Anne Arundel NO 💂 282 Bay Front Rd. Lothian 14. FATHER'S NAME Middle IS. MOTHER'S MAIDEN NAME First Middle Caroline Contee Spriggs James BALTIMORE, 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Address (If yes give war or dates of service) (Yes, na. ar unknown) 216-42-7639 Mordie Spriggs 282 W. Bay Front Rd. no APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: bladen PRESTON STREET, arlinari IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Precenoutes Canditians, if any, which gave) rise ta immediate cause (a). DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause please DIVISION OF VITAL RECORDS, 301 W. hq requires that PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE ORCONDITION GIVEN IN PART 1(a) burial-transit permit. 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? CAUSES OF DEATH? YES [NO 🖂 21a. ACCIDENT WAS UNDERLYING T 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) burial, DR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day Year (If either, notify medical examiner) 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. County City or Town While Nat while at wark ATTENDING couses stoted above, (1) (we) (did) (did not) view the body ofter death. DIRECTOR: 22b. SIGNATURE 22c. DATE SIGNED MI DEGREE ATTENDING PHYS. MED. DIRECTOR STAFF PHYS. 22e. ADDRESS 22d. PHYSICIAN'S NAME (Type) Emily H. Wilson should be of Health 4837. Solomons Island Rd. Lothian, Md. FUNERAL 23d. LOCATION (City or Town) 23b DATE 23c. NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION, (County) (State) July 29-80 Spriggs Cemetery Jewell Md. 2 A. A. . 25a. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR 2Sb. REGISTRAR'S SIGNATURE DHMH - 163/7225M Spencer E. Sewell Box 31 Prince Frederick, Md. DREI N C (VR A15 (4))

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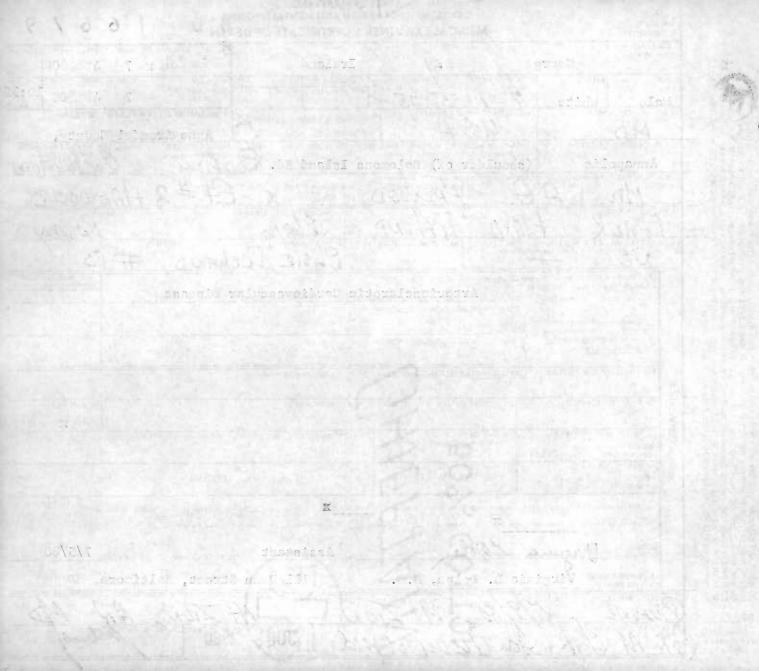
			STATE OF MARYLAND		
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by the hospirol ERAL DIRECTOR. e detoched for un Stote Dept. of He ANT: if Item 21 is		226. SIGNATURE	Welety MB ATTENDITY PHYSICI.		AFF CIAN 1700 80
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PP		BURIAL, CREMATION, REMOVAL SPECIFY)	7-24-80 23c. NAME OF CEMETERY OR CREMATO	CITY OR TOWN	lis, Md. STATE
DHMH - 16 50M 7/77 (VR A 15 (4))	24. F	uneral director all Funeral Hom	With the state of	JUL 2 4 1980	R 25b. REGISTRAR'S SIGNATURE



FOR DEPARTMENT OF HEALTH AND MENTAL HYCIENE	
1 - FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE A MEDICAL EXAMINER'S CERTIFICATE OF DEATH	1 6 6 7 8
I. DECEASED NAME FIRST MIDDLE LAST ; 20. DATE KN	ESTI-
3 SEX 4. RACE 5 DATE OF BIRTH MONTH DAY YEAR 10 7 47 3 YRS. 1 FUNDER 1 YR. IF UNDER 24 HRS. 20 DATE PRONOUNCE DEAD	AND THE DAY YEAR 20. HOUF
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HAROLD K. HUDSON, Sr. RUTH	BROWN
166. WAS DECEASED EVER IN U.S. ARMED FORCES? (165. NO. OR UNIKNOWN) VIETNAM 166. SOCIAL SECURITY NO. 214–48–2025 ROSA LEE HUDSON 525	Fourth St. Annapolis,
DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a) stating the under- lying cause last. DUE TO, OR AS A CONSEQUENCE OF DUE TO, OR AS A CONSEQUENCE OF C(c) PART 2 DTNER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE DR CONDITION GIVEN IN PART 1 (a).	Y Madon
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AT WORK AT WORK Venera Lenel	MACO ASSISTE
22a. I certify that I took charge of the remains described above, held an Autopsy , Inspection , Inquiry death resulted fram: Natural causes , Accident , Suicide , Hamicide , Undetermined mann	nd in my apinion DATE 7-5-FU
SIGNATURE	ER SIGNED
EXAMINER'S NAME ELINGTHEH ADDRESS Annabels	SIGNED 7-3 FO
SIGNATURE M.D. Deput 9 MEDICAL EXAMINE EXAMINER'S NAME FLUS DE MT M.D. Deput 9 MEDICAL EXAMINE	SIGNED COUNTY HARYLAND

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FUITAL WORD WORD HE CHIE	TIE							YES K	NO 🗆
DIVISION OF VITAL RECORDS, S CERTIFICATE SHOULD BE EXE RITING THE WORD "PENDING" RDED TO THE CHIEF MEDICA RE 3 SHOULD BE USED AS A BE OFFARTMENT OF HEATH AN PRIOR TO BURIAL, CREMATION	MEDICAL CERTIFICATION	210. EXTERNAL CAUSE WAS		OF INJURY .M. MONTH DAY	'EAR 21c. HOW INJURY OCCURR	RED (ENTER NATURE OF INJURY IN ITEM)	18 PART I OR PART	2)	
SION OF RTIFICATI IG THE V S TO TH SHOULD PARTMER OR TO BL	ICAI	CONTRIBUTING CAUSE OF D		M. 19					
DIVIS DIVIS DIVIS THIS CER ATE, WRITIN FORWARDED TOR, PAGE 3 HE STATE DEP	MED	21d. INJURY OCCURRED WHILE DOT WHILE		E OF INJURY (AT HOM ACTORY, FARM, ETC.)	e, 21f. LOCATION STREET	CITY OR TOWN	COUN	414	STATE
DI THIS (E, WRIT RE, WRIT PAGE STATE (AT WORK AT WORK							
FOR: PRESENTE STATES		220. I certify that I taak charge	e af the remains d	escribed obove, held o	n Autapsy 🗷, Inspection	an , Inquiry , o	and in my opir	nian	
EXAMINE CERTIFICA JUD BE FG DIRECTOR WITH THE ARYLAND,		death resulted from: Natur	al causes X,	Accident ,	Suicide . Homicide .	Undetermined manner].		
EXA CERTON DIRE WITH ARY		ACTUAL III.	YS	. 1	TITLE (SPECIFY)			- I- Io	
CAL THE THE SHOU RAL	1	SIGNATURE VIZIM	a Lw	ocan		MEDICAL EXAMINER	DATE SIGNED	7/5/8	0
TO MEDICAL EXAMINER: EXECUTE THE CERTIFICATE PAGE 4 SHOULD BE FOR AFTER DEATH, WITH THE BALTIMORE, MARYLAND, 2	ets.	EXAMINER'S NAME Virg	inia L.	Dolan, M.D	. ADDRESS 111 P	Penn Street, Bal	1timore	e, MD	
TO EXE	Det	HIAL CREMATION, REMOVAL 2	10	23c NAME OF	CEMETERY OR CREMATORY	23d, LOGATION	A	n H	1
BP	D	WHIAL ON	177/80	Mt	410N	MT. 210N	Als	1 /0	ZD
DHMH - 17 (VR A15 ME (5))	1	WERAL DIRECTOR	ADDD	Strain-	I IAAA 250. DAJE	REC'D. BY BEGISTRAR 256-480	GISTRAR'S MC	NURE	
15M 7/77	94	all Sofat	you (MUSPO	Lyna.	- 0 1000	/	11	1.0 mm



		FOR STATE			DEPARTM	ENT OF H		AND M	ENTAL H		led III		1	6	6	A	n
4		REGISTRAR	FIRST	WI	EDICAL E	XAMINI			CATE O	F DEA	HH O	REG	NO.	9	0	Y	0
ANDE		CEASED NAME E OR PRINT)	HARRY	I	ANDREV	1		ast SENBI	ERG		OF	ESTI- MATED	1.434	2 2	1 10	YEAR 80	2b. HOUI
OUR TILE 72 HOUR JN STREE	3. SEX	-00	4. RACE	5. DATE OF BIRTH	YEAR	LAST BIRTHDAY	Y) MONTHS	DER 1 YR.	IF UNDER	24 HRS.	2c. DAT	NCED	МО		DAY	YEAR	TTHOU
WITHIN 72	7a BI	RTHPLACE (ST	white	Jan. 6	1919	61 yrs		* AA '''.	VER MARRI		9. BALTIA	MORE CIT	Y OR CO	2. DUNTY		,80 ATH	a
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54	(iyortown d Len Bu	rnie	11. NAME OF HO (IF NOT IN SUCH F North A	acility, give str rundel	Hospi	ital	R INSTITU	TION	Tru	JAL OCCU MOST OF WO JCK I	PATION PRINCIPE Driv	(re	E . 32	Spe	OF BUSTR	SINESS Y Or
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20		THER'S NAME		WIDDLE		ST	1	F	R'S MAIDE	N NAME	,	MIDDLE			LAS		
	16q. W	Ohn AS DECEASED S. NO. OR UNKNOW	EVER IN U.S. ARM	AED FORCES?	16b SOCI	enber	NO. 1	Man 7. INFORM	THAN				ESSS a	me		#1:	3
1		No	N/	/A	101	.22.2	440	Mrs.	Mar	y E	. Is	enbe	erg	(wi			
Ġ		PART I DE	DEATH (Enter only ATH WAS CAUSED IMMEDIATI	y ane cause per lin BY: A 1 E CAUSE (a)	e for (a), (b), or terios	clerot	tic c	ardic	vascu	lar	dise	ase			BETWEE	NONSET	INTERVAL AND DEATH
L HYGIENE, DVAL.			of if any, which.		R AS A CONS	EOUENCE O	F										
OR REMOVA			e to immediate stating the <u>under</u> - e last.	DUE TO, OI	R AS A CONS	EQUENCE O	F										
CREMATION, C	NO	PART 2 DTHER SIG	NIFICANT CONDITIONS CO	ONTRIBUTING TO DEATH	BUT NOT RELATE	D TO THE TERMIN	IAL DISEASE C	R CONDITIO	GIVEN IN PAR	lΤ 1 (α).							
1 /	CERTIFICATION	19a. DATE OF	OPERATION	19b. COND	ITION FOR W	HICH OPERA	TION WA	S PERFOR	MED?					2	20 AU1	-	
3		210. EXTERNAL UNDERLYING CONTRIBUTION			M. MONTH	DAY YEAR	21c. HOV	W INJURY	OCCURRED	D (ENTER)	NATURE OF IN	JURY IN ITEA	A 18 PART 1	OR PART 2			NO (3)
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ARYLAND, 21201		22a. I certify death resulte	that I taak charge d from: <u>Nature</u>	e of the remains de	Accident		Autopsy	Hamic			Inquiry		and in m	ny opini	on		
E, MAR		ACTUAL SIGNATURE_	1	ma	0	100	M.D	Assi	stant	MEDI	ICAL EXAM	AINER		ATE GNED_	7-2	22-8	0
BALTIMORE, MA	-	EXAMINER'S N (TYPE OR PRIN	IAME A	nn M. Di	xon, M	1.D.	AI	DDRESS_	1	11 F	enn S	St.					
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REGISTRAR

24 FUNERAL DIRECTOR

Singleton Funeral Home

DHMH-16 25M

(VRA 15, 4) 1/79

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

Glen Burnie, Md. JU

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126 KIND OF BUSINESS OR

Auto garage

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258. DATE REC'D. BY REGISTRAR 256. RESERVANTS SHOULD BE

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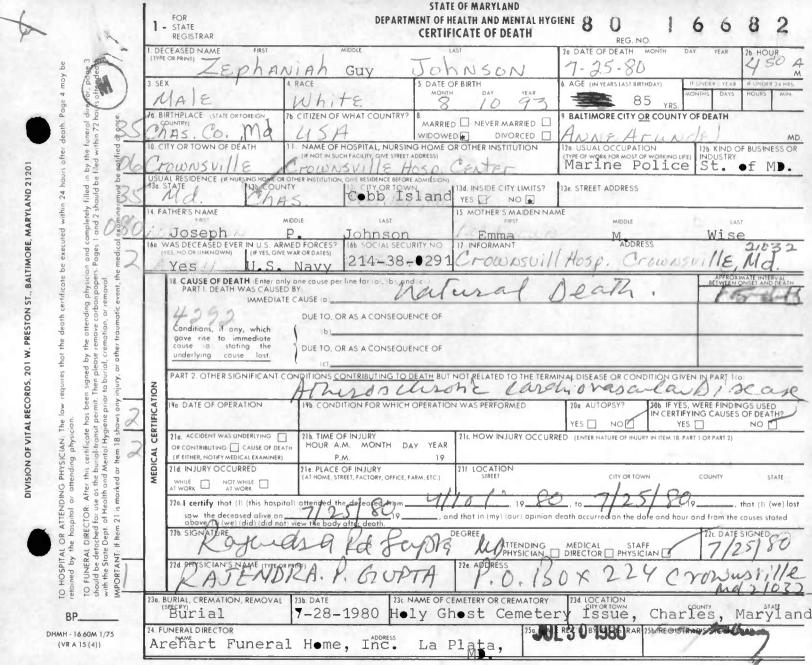
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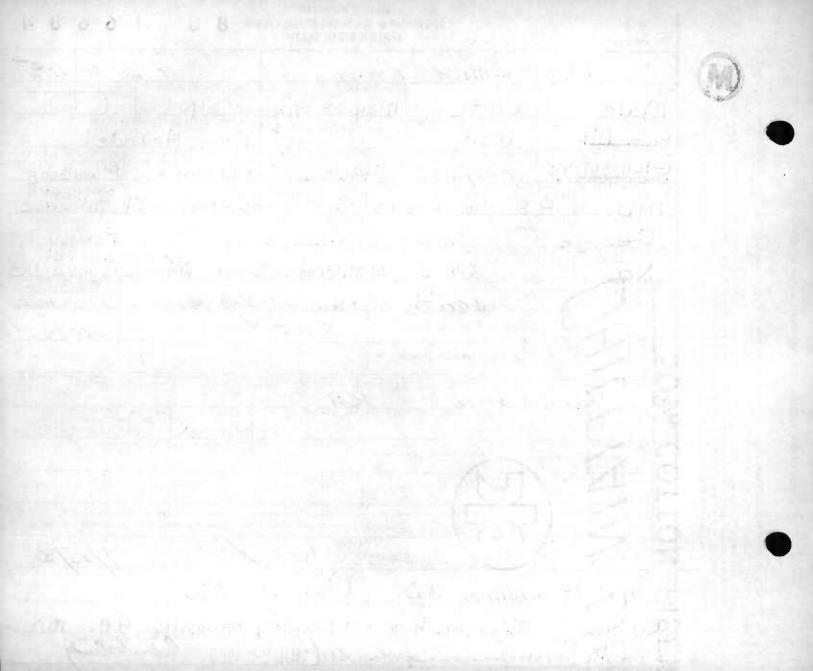
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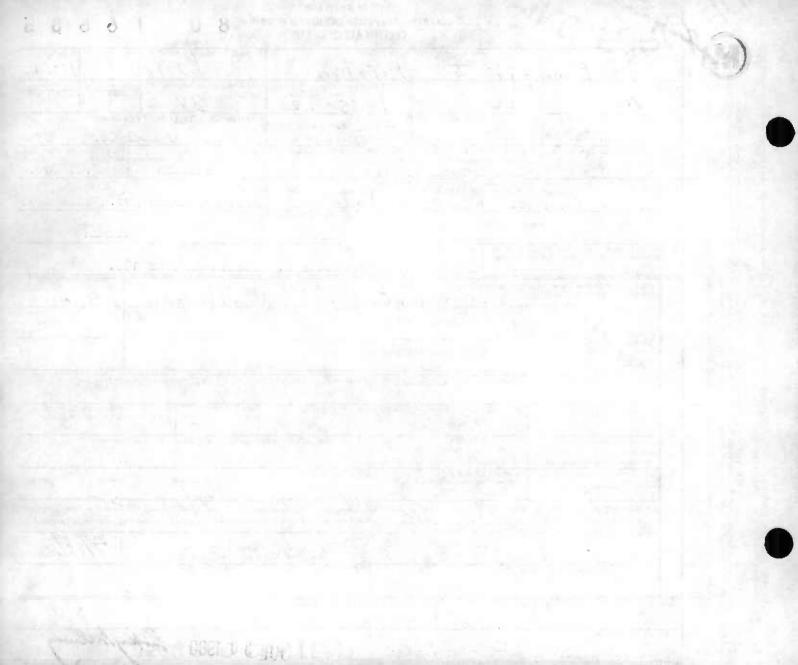
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	Ľ	STATE REGISTRAR		CERTIFICATE OF DEATH	REG. N	0.571541057
24		CEASED NAME FIRST ANNO		/Kenov	20 DATE OF DEATH	7-16-80 7
18 1	3 SE	Female	4 RACE WHITE	ONTH ON STEAM	6. AGE JAYEARS LAST BIR	THDAY) IF UNDER I YEAR IF UNDER MONIHS DAYS HOURS YRS.
1	70. B	RTHPLACE (STATE OR FOREIGN DUNTRY)	76 CITIZEN OF WHAT COUR	NTRY? 8 MARRIED NEVER MARRIED WIDOWED M DIVORCED		OR COUNTY OF DEATH
1	1	TY OR TOWN OF DEATH	1. NAME OF HOSPITAL, N	HURSING HOME OR OTHER INSTITUTION	120 USUAL OCCUPAT (TYPE OF WORK FOR MOST O	OF WORKING LIFE) INDUSTRY
18 A S A	USU	AL RESIDENCE (IF NURSING HOME OF STATE 136 COUT	NTY 13c. CITY OI	R TOWN 13d INSIDE CITY LIMI		XAMINER U-SIG
plenty I	111 14. F.	THER'S NAME	MIDDLE LA	15 MOTHER'S MAIDE		DEGMEG ST
8 0 0 A	160	VAS DECEASED EVER IN U.S. AR		L SECURITY NO. 17 INFORMANT	CE ·	ESS VERGION
Property American		ES, NO OR UNKNOWN) (IF YES, GIV	E WAR OR DATES)	-11 1 1 - 1 1 · A		ME # 13
hysicol popera prol ret. the		IS CAUSE OF DEATH (Enter or PART I, DEATH WAS CAUSE	nly one cause per line for (a),	(b), and (c)	lig VBSOVEN	APPROXIMATE INTE BETWEEN ONSET AND DISCHALL IMPROVED
that the peam d by the attend table remove co laft cremation, or or other trauma		Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost.	DUE TO, OR AS A CON (b) DUE TO, OR AS A CON (c)			
signe Their pl to burn nijury, c	NO	PART 2. OTHER SIGNIFICANT	conditions <u>contributing</u>	Heart PAIL	-	IDITION GIVEN IN PART 1(a)
bat bee	FICAT	90 DATE OF OPERATION	196 CONDITION FOR V	WHICH OPERATION WAS PERFORMED	200 AUTOPSY? YES NO	20b. IF YES, WERE FINDINGS USE IN CERTIFYING CAUSES OF DEA' YES NO
phylic orthogram and Hyg	AL CERT	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE.	HOUR A.M. MONT		CCURRED (ENTER NATURE OF INJU	IRY IN ITEM 18, PART 1 OR PART 2)
d by h	MEDIC	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, V	211 LOCATION	CITY OR TO	WN COUNTY SI
2 2 2 2 2 2				- /- /	** - · · · · · · · · · · · · · · · · · ·	
atal or off TOR. After for use as if of Health at 23 is marke		22a. I certify that (I) (thus have saw the deceased alive an		The state of the s	rinian death accurred an the d	
ALOR ALENDRICO The hospital or off ALORECTOR After relabolatifar use or if and Dept. of Health or E. if them 23 is marke			toth attended the deceased of the second of	and that in (my) (pur) of		ate and have and from the causes str
by the state of th		saw the deceased alive an abave, (1) (we'ldid) (did no	ati view the body after death.	and that in (my) (pur) of	MEDICAL STA	ate and have and from the causes st
	73o.	saw the deceased alive an abave, (1) (was did) (did no 22b SIGNATU F	Stephen Stephen	DEGREE ATTENDI	NG MEDICAL STA	
by it		saw the deceased alive an above, (I) (mental different d	Stephen Stephen	DEGREE ATTEND PHYSICI 27e. ADDRESS	MEDICAL STA	ote and have and from the causes strong of the causes strong of the cause strong of th

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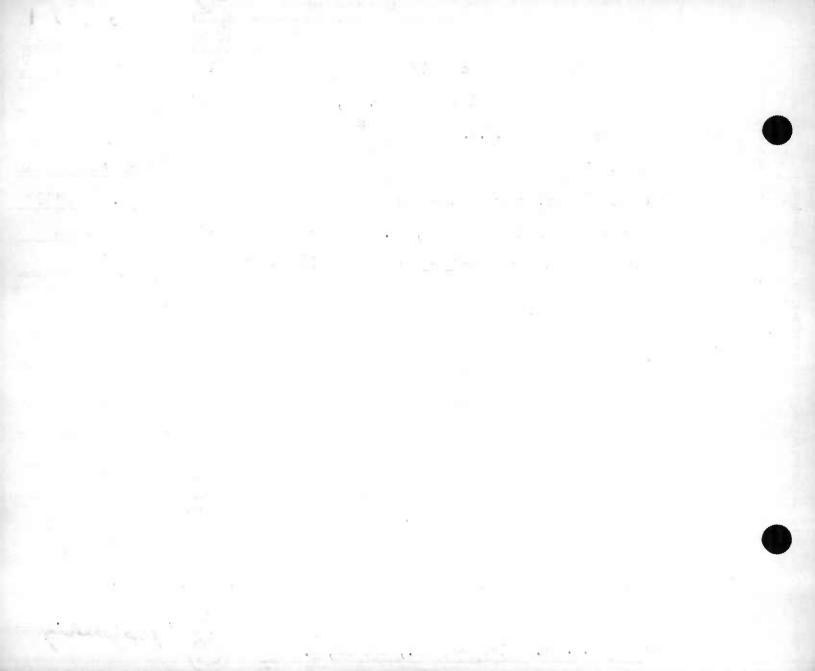
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1880 For June 1	

12/1-	FOR STATE REGISTRAR			DEPARTMENT OF DICAL EXAMIN			345	O REG. NO	6	6 8	9
	ECEASED NAM	E FIRST		WIDDLE	L	AST	2a. DAT	E KNOWN	MONTH	OAY YEAR	2b. HOUR
ME .		FRANCE	S	BLANCHE.	KRZ	YWICKI		TH MATED	7 2	1980	1
3. SE		4 RACE	5. DATE OF BIRTH	6. AGE (IN Y	EARS IF UNE			ATE	MONTH	DAY YEAR	23 HOW
z fe	male	white	8/16/19		YRS.	OATS MOOKS	DE	AD		28 1,980	Dp
三 以 つ つ F	OREIGN COUNTRY)		7b. CITIZEN OF WE	HAT COUNTRY?	8. MARRIE	D NEVER MARRIE	ED LXII	IMORE CITY O	_		
> /	Morocco		U,S,A,	DITAL AND DESCRIPTION	WIDOWE			e Arunde			MD
00	~~~~~		Chesape	PITAL, NURSING HOM CILITY GIVE STREET ADDRESS) BAKE BAY		R INSTITUTION	FOR MOST OF V Report			OR INDUST Newspar	RY
130	AL RESIDENCE STATE irginia	1130 COUNT		13c. CITY OR TOWN Williamsh	1	3d. INSIDE CITY LIMITS? YES NO XX	13e STREET ADD	RESS Timac T		23185	
37 14. F	ATHER'S NAMI		WIODLE	LAST		15. MOTHER'S MAIDE	N NAME	MIDDLE		LAST	
3 160.	WAS DECEASE YES, NO. OR UNKNO	D EVER IN U.S. ARM		166. SOCIAL SECURI	TY NO.	7. INFORMANT		ADDRESS			
37 16a.	18 CAUSE C	F DEATH (Enter only	ane cause per line	for (o), (b), ond (c).)				71775		APPROXIMAT BETWEEN ONSE	
	PARTIDE	ATH WAS CAUSED	CAUSE (a)	Drowning							
REMOVAL.	75	ns, if any, which	DUE TO, OR	AS A CONSEQUENCE	OF						
	gave ri	se to immediate	(b)								
CATION	lying cou		(c)	AS A CONSEQUENCE							
NO	PART 2 OTHER SI	GNIFICANT CONDITIONS C	ONTRIBUTING TO OEATH I	BUT NOT RELATED TO THE TER	MINAL OISEASE (OR CONDITION GIVEN IN PAR	T 1 (a).				
CATI	19a. DATE OF	OPERATION	19b. CONDIT	ION FOR WHICH OPE	RATION WA	S PERFORMED?				20 AUTOPSY	?
I E					35124	Marie Charles		100		YES 🛣	NO 🗆
MEDICAL CERTIFICATION		AL CAUSE WAS OR NG CAUSE OF D	21b. TIME OF HOUR A.M EATH ? P.M.	MONTH DAY YEA	AR	w MJURY OCCURRED ubject dro		INJURY IN ITEM 18 PA	ART 1 OR PART	2)	
MEDI	21d. INJURY O WHILE AT WORK	NOT WHILE AT WORK	21e PLACE C STREET, FACT Wat	ORY, FARM, ETC.)	21f. LOC.	ation apeake Bay	CITY OR	TOWN Ann	ne Aru	indel :	Md. STATE
E, MARYLAND, 21201	22a. I certi		of the remains described local courses.	cribed obove, held on	Autopsy uicide X	/ X , Inspection	Undetermined		d in my opin	nion	
	ACTUAL SIGNATURE	AV	MOM	M	M.E	TITLE (SPECIFY) Assistant	MEDICAL EX	AMINER	DATE SIGNED	7-29-	80
SALTIMORE 230.E	EXAMINER'S (TYPE OR PRI	NAME Ann	M. Dixon	, M.D.	A	DDRESS.	Penn St				
	SPECIFY)	TION, REMOVAL 23		23c. NAME OF CE	METERY OR	CREMATORY	23d. LOCATION	1	COUNTY	Y S	TATE
	Crematio		7/30/1980	Green M	ount C	rematory	Balti			Maryla	
- 17 AE (5)) Wa	alter B	rooks Brad	dley Înc.	, Baltimore	e, Md.	250. DATER 21222 AU	G 5 19			Re Creat	ly

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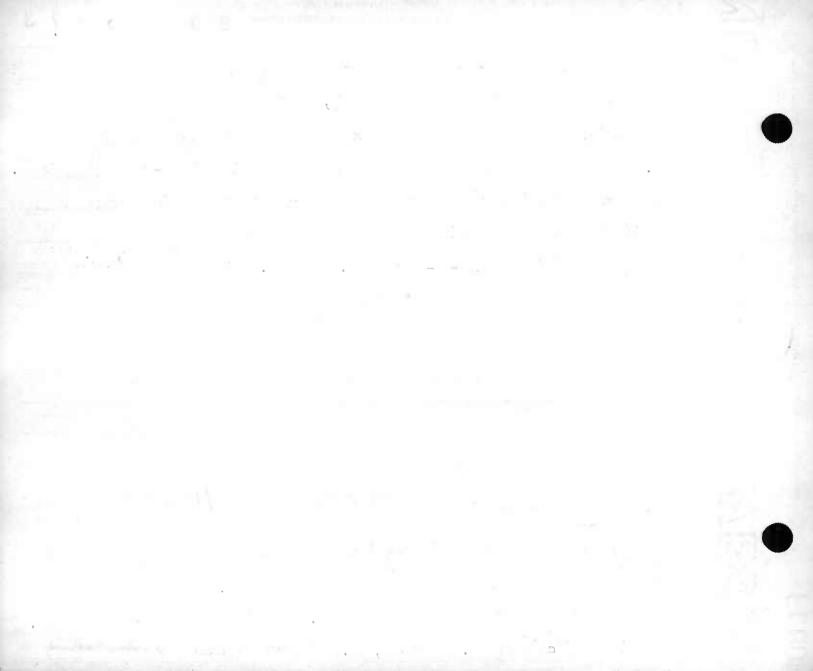
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i		ASED NAME	FIRST	77,0	WIDDLE		AST	2a. DATE	REG. N		DAY YEAR	26 HOUR
	(TYPE	OR PRINT)	CHARI	IE	M.	LAI	MB Jr.	OF	ESTI-		9 19 80	M
	sex ma		white	Dec. 24	6. AGE (IN YEAR LAST BIRTHDA	Y) MONTHS	DER 1 YR. IF UNDER	24 HRS. 2c. DA MIN PRONOL	JNCED	MONTH 7	9 19 80	24.10 R
7	FORE	THPLACE (STATE IGN COUNTRY)		76. CITIZEN OF W		8. MARRIE		FD	Anne A	-	Y OF DEATH County	MD.
	O. CITA	or town of gewater	DEATH		SPITAL, NURSING HOME,	, OR OTHE	r institution	12a USUAL OCC	UPATION (TY		or INDUSTR Safeway	INESS
-	JSUAL 3a. ST	RESIDENCE (#	13b AOAN		Edgewater	(100)	13d. INSIDE CITY LIMITS? YES 1 NO 1	13. 98FT SE	iby Bl	vd.		
		HER'S NAME FIRST Charles	1	MIDDLE	Lamb Sr.		15 MOTHER'S MAIDE FIRST Mary E	tt Hill	WIDDLE		LAST	
1	6a. W	AS DECEASED E	VER IN U.S. AR	MED FORCES? WAR OR DATES)	16b. SOCIAL SECURITY		17. INFORMANT Brenda L	amb 001	ADDRES		Edgewa	ton N
	1		EATH (Enter on H WAS CAUSE	ly one couse per lin	242-38-771 e for (o), (b), and (c).) Shotgun woun			aii0 901	ретру	DIVU.	APPROXIMATE BETWEEN ONSET	INTERVAL
	- 1	gove rise couse (o) st lying cause	FICANT CONDITIONS	(b) DUE TO, OF	R AS A CONSEQUENCE C R AS A CONSEQUENCE C BUT NOT RELATED TO THE TERMI	DF INAL DISEASE		RT 1 (a),			20. AUTOPSY?	
	TIFICA										YES EXE	NO 🗆
	MEDICAL CERTIFICATION	210 EXTERNAL UNDERLYING CONTRIBUTING	OR CAUSE OF	DEATH P.A	on ^M ^O 7 ¹¹ ¹⁹ ¹ ² ^{AY} Y860	sul	oject shot	D LENTER NATURE OF	INJURY IN ITEM 1	8 PART 1 OR PAR	RT 2)	
		WHILE AT WORK			OF INJURY (AT HOME, CTORY, FARM, ETC.)	21f LOC 90	Selby R	oad E	iown igewat e	er, Ma	ry land	STATE
		death resulted		ge of the remoins de rol causes .	escribed above, held on Accident , Sui	Autops icide	Homicide XX TITLE (SPECIFY) Assistant	n , Inqui Undetermined	monner	DATE	inion	-80
-		ACTUAL SIGNATURE EXAMINER'S N ITYPE OR PRINT	AME Mar	garita A	. Korell, M.	D		Penn Str	eet			
L		EXAMINER'S N (TYPE OR PRINT RIAL, CREMATIC ECIFY)	AME Mar		23c. NAME OF CEA	AETERY OF	ADDRESS 111 1	Penn Stre		COUN		LYE

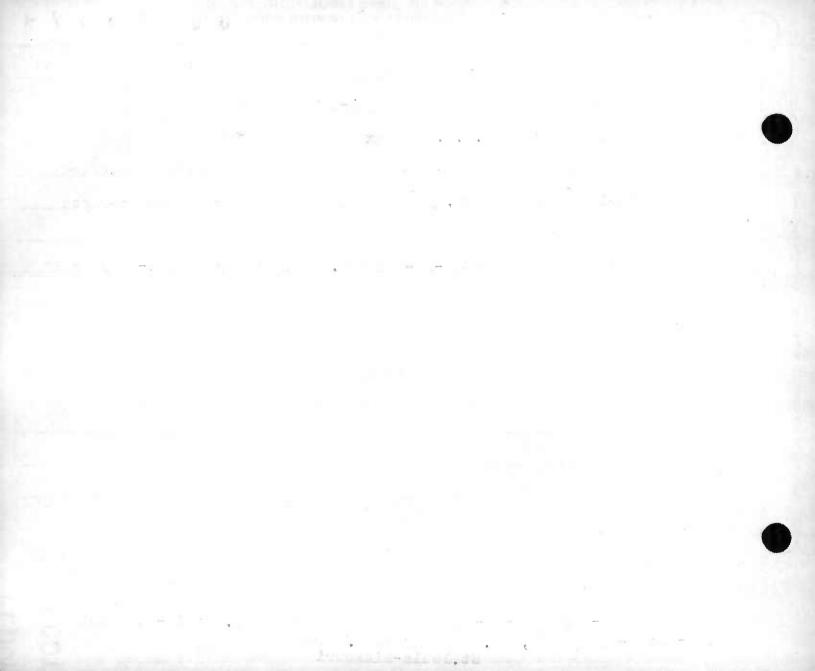
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0		1-	FOR STATE REGISTRAR		STATE OF MARYLAND FOF HEALTH AND MENTAL HYO MINER'S CERTIFICATE OF	DEADL U	6692
10		I DE	CEASED NAME FIRST	MIDDLE	MINER 3 CERTIFICATE OF	REG. NO.	
	Maria Charles		E OR PRINT)	1.	LAST	20. DATE KNOWN X	
	25 G G G E G G G G G G G G G G G G G G G	2 05	Steph		Leatherbury	DEATH MATED	7 18 ₁₉ 80 M
	PETER.	3. SE	4. RACE	5 DATE OF BIRTH VEAR LAST	E (IN YEARS IF UNDER 1 YR. IF UNDER 24	HRS. 2c. DATE PRONOUNCED	MONTH DAY YEAR 26. HOUR
	6 号码高		ale White		BIRTHDAY) MONTHS DAYS HOURS M	DEAD	7 18 19 $80^{1:40}$
	3年五年 つく	7a B	RTHPLACE (STATE OR REIGN COUNTRY)	16. CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER MARRIED	9. BALTIMORE CITY OR	COUNTY OF DEATH
	声音にきまりつ	A	versoolis-Ms.	U.S.H	WIDOWED DIVORCED	Anne Arund	el County, MD.
	AY IS THE AGE AGE STILED	10. C	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING	HOME, OR OTHER INSTITUTION 12	a. USUAL OCCUPATION (TYPE O	OF WORK 12b. KIND OF BUSINESS OR INDUSTRY
	- O a u a	A	nnapolis	Anne Arundel Gen		BAR TENDE	P RESTONOSTY
	A D B ORD	USU	L RESIDENCE (IF IN NURSING HOME O	R OTHER INSTITUTION, GIVE RESIDENCE BEFORE	ADMISSION)	1	K TYESTHURINGT
21201	F ANY DE AND 3 T AND 3 T RETAIN SHOULD BI	13a. S	MD. A.	A. Galesu		BAY FIELD	Rol-Cumberstock
WD	PM 3. VITAL	14. F.	THER'S NAME	Jupa / / 1.197	15. MOTHER'S MAIDEN	NAME MIDDLE	1 / LAST
m,	RM PAND OF VII		Kobert E	dunid / eather	bury Hice		HARRISOX)
NO NO	ma O Z	lán. V	VAS DECEASED EVER IN U.S. ARA	MED FORCES? THE SOCIAL SE	CURITY NO. 17. INFORMANT	ADDRESS	, , , , , , , , , , , , , , , , , , , ,
BALTIMORE,	A > H O S		NO	214-66	-3034 ELAINEL	. SHepherd -	Lothion MO.
8	WITH WITH DIVIE		18. CAUSE OF DEATH (Enter and	y ane cause per line far (a), (b), and ((1,1)		APPROXIMATE INTERVAL
ST.				BY: E CAUSE (a) Blunt Che			BETWEEN ONSET AND DEATH
W. PRESTON	AZA ITE ITE GE	eting.	IMMEDIAT	DUE TO, OR AS A CONSEQUE			
ESI	HILL IN SIT OVA	1	Canditians, if any, which				
9	PENCIL IN AMINER A TRANSIT ENTAL HY REMOVAL		gave rise to immediate cause (a) stating the under-	(b) DUE TO, OR AS A CONSEQUE	TAICE OF		
301 V	XAV XAV AL-1 AE-1 OR R		lying cause last.	DOE TO, OR AS A CONSEQUE	INCE OF		
5, 30	ULID BE EXECUTED WITHIN 24 HC "PENDING" IN PENCIL IN ITEM 1 IEF MEDING" LEANINER ALONG SED AS A BURIAL-TRANSIT PERMI HEALTH AND MENTAL HYGENE CREMATION, OR REMOVAL		BLOT 2 OTHER CICALIFICANT CONDITIONS	(c)			
DIVISION OF VITAL RECORDS,	DIC DIC ATIO	2	TAKE 2 OTHER SIGNIFICANT CONDITIONS	UNIKIBUTING TO DEATH BUT NOT RELATED TO T	HE TERMINAL DISEASE OR CONDITION GIVEN IN PART I	(a).	
EC C	"PENDING FF MEDING SED AS A HEALTH CREMATIK	CERTIFICATION	190. DATE OF OPERATION				
A ×	SHOULD PEI CHIEF / CHIEF / CHIEF / CHIEF / CHIEF / CHIEF / CHE/ CHIE/ CH	CA	190. DATE OF OPERATION	196. CONDITION FOR WHICH	OPERATION WAS PERFORMED?		20. AUTOPSY?
N X	E WORD THE CH TO BE UN AENT OF BURIAL	RTIF					YES 🕱 NO
0	CERTIFICATE SI ITING THE WOR DED TO THE C 3 3 SHOULD BE DEPARTMENT PRIOR TO BURLA		210 EXTERNAL CAUSE WAS	216. TIME OF INJURY HOUR A.M. MONTH DAY	YEAR 21c. HOW INJURY OCCURRED	ENTER NATURE OF INJURY IN ITEM 18 PAR	RT 1 OR PART 2)
0	CERTIFIC, DED TO THE 3 SHOULD DEPARTM PRIOR TO	MEDICAL	CONTRIBUTING CAUSE OF D	EATH 12:13 XX. 7 18	19 80 Driver of mot	orcycle/fixed o	object impact
VISI	RIO BER	EDI	21d. INJURY OCCURRED	21e. PLACE OF INJURY (AT HO STREET, FACTORY, FARM, ETC.)	DME, 21f. LOCATION STREET	CITY OF TOWN	
٥		~	WHILE NOT WHILE AT WORK	street	Bayfield Rd.,		nne Arundel, Md.
	R: THIS TE, WRI DRWARI : PAGE STATE 21201	-		e af the remains described abave, held			
	EXAMINER: CERTIFICATE JULD BE FOR DIRECTOR: I, WITH THE S AARYLAND, 2.					, ,	in my apinian
-	RTIF RTIF SEC TH TH	- 3	death resulted fram: Natura	al causes , Accident X,		Indetermined manner,	
	MAR. WAR		ACTUAL //	. Y.Oula	TITLE (SPECIFY) Assistant		DATE 7/18/80
	SHC SHC SHC SHC ATH ATH		SIGNATURE UNITE	- South	M.D. MSSISCANC	MEDICAL EXAMINER	DATE 7/18/80
	UNE NOINE		EXAMINER'S NAME Vi	rginia L. Dolan,	M.D.	111 Penn	Street
	TO MEDICAL EXAMINER: EXECUTE THE CERTIFICATE AGGE 4 SHOULD BE FOR TO FUNERAL DIRECTOR: AFTER DEATH, WITH THE S BAITIMORE, MARYLAND, 2.	77. 61	(TITE OKTKINT)		ADDRESS		
		(5	PECIENT PECIENT	2/2/21/	10	3d. LOCATION	COUNTY STATE
	BP	24 5	BURIAL DIRECTOR	120/80 401	9 RER	99/88U/8	
	DHMH - 17 (VR A15 ME (5))	1	NAME NAME	O / ADDRISS	475-2/40/ 130. DATE REC	10	RAR'S SIGNATURE
	15M 7/77	17	HILLIESTY +.H. 13	Kidgels HOR-KY	NUAPOlis JUL.	18 1980 Aug	My Ma Creaty

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STATE OF MARYLAND **DEPARTMENT OF HEALTH AND MENTAL HYGIENE** - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR DECEASED NAME 20. DATE KNOWN MONTH 2b. HOUR (TYPE OR PRINT) OF ESTI-RICHARO Carl YOUR FILES 100 4. RACE SEX DATE OF BIRTH 6. AGE (IN YEARS | IF UNDER 1 YR IF UNDER 24 HRS 2d. HOUR DATE LAST BIRTHDAY PRONOUNCED Male White 63 DEAD 10 7b. CITIZEN OF WHAT COUNTRY? Jo BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY Maryland USA DIVORCED HANC AKUNSE 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 128. USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS OR INDUSTRY T.V. Repair Self Emp. NW 113b. COUNTY 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 29 Balt Maryland AA Balto. & Annap. Blvd. GlenBurnie NO X AND 2 S 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE Martin W. Edna Luedtke Wheeler M. 7. INFORMANT 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO ADDRESS Same as DIVISION (YES, NO. OR UNKNOWN) LIF YES, GIVE WAR OR DATES 212.09.8739 Mrs. Florence E. Luedtke No None CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). WEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY OR AS A CONSEQUENCE OF OR REMOVAL Canditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last AND ATION PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 10 CERTIFICATION 19g, DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? OF BURIAL, YES 3 SHOULD BE 21g EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) OR HOUR A.M. MONTH DAY YEAR UNDERLYING 0 MEDICAL CONTRIBUTING CAUSE OF DEATH P.M 19 PRIOR 21e. PLACE OF INJURY (AT HOME, 21d. INJURY OCCURRED 21f. LOCATION AT WORK AT WHILE STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE 220. I certify that I took charge of the remains described above, held an PAGE 4 SHOULD BE FOI TO FUNERAL DIRECTOR: AFTER DEATH, WITH THE BALTIMORE, MARYLAND, 2 Autopsy Inspection and in my apinian death resulted fram Hatural causes... Hamicide Undetermined manner TITLE (SPECIFY EXAMINER'S NAME (TYPE OR PRINT) 230 BURIAL, CREMATION, REMOVAL 236, DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION STATE Burial July 18,80 Glen Haven Cem Glen Bumnie BP. Md 24. FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR **DHMH-17** (VR A15 ME (5)) Singleton Funeral Home, Glen Burnie, Md 15M 7/77

A COLUMN SEE ACCEPTAGE OF THE SERVICE OF SERVICE Parcherotella The Breeze wath Hendel High to be . . . This will be . Carlo Salaro . The training to the carlo salar salar Carrier where bearing the Example of the second of the second Constitution of Land Capacitans and the Capacitans

DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO 1. DECEASED NAME DATE KNOWN JOE TYPE OF PRINTI ESTI-XXXXXXX NEWLIN DEATH MATED 1980 4 RACE 3. SEX DATE OF BIRTH 6. AGE (IN YEARS | IF UNDER 1 YR IF UNDER 24 HRS DATE FUNERAL DIRECT S FOR YOUR LAST BIRTHDAY) PRONOUNCED 43 121 17 DEAD 62 76. CITIZEN OF WHAT COUNTRY? 70. BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED OKLAHOMA U.S.A. WIDOWED DIVORCED 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 12a. USUAL OCCUPATION SUPVER FIELD OPERATIONS COUNTY 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS FLORIDA HIALEAH YES X 1874 W. 73rd PLACE NO [33014 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME DIVISION OF VITE MIDDLE LAST MIDDLE JOE NEWLIN LYON, SR. EDITH UNKNOWN 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT 16b. SOCIAL SECURITY NO. ADDRESS (YES, NO, OR UNKNOWN) I (IF YES, GIVE WAR OR DATES) YES 569.09.0178 WW TT CHRISTINE B. LYON SAME AS 13e 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (o). DUE TO, OR AS A CONSEQUENCE OR hope 10. Cobstrateve folhowery Conditions, if ony, which disease - Chronie - Leukemin gave rise to immediate couse (o) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying cause lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) CERTIFICATION 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? YES NO M E 3 SHOULD BE E DEPARTMENT PRIOR TO BURIA 21g. EXTERNAL CAUSE WAS HOUR A.M. MONTH DAY YEAR UNDERLYING OR MEDICAL 10 1980 CONTRIBUTING CAUSE OF DEATH 21d. INJURY OCCURRED COUNTY AT WORK AT WORK STATE 7960 Nalle dag-INN 22a. I certify that I took charge of the remains described above, held on Inspection Inquiry ond in my opinion ARYLAND, DIRECT death resulted from: Notural couses Homicide Undetermined manner TITLE (SPECIFY) EXECUTE THE PAGE 4 SHOU TO FUNERAL E AFTER DEATH, BALTIMORE, MA 7.8.80 EXAMINER'S NAME E.LIN bARCHT (TYPE OR PRINT) 230 BURIAL, CREMATION, REMOVAL 236. DATE 23d. LOCATION 23c. NAME OF CEMETERY OR CREMATORY COUNTY STATE 7/9/1980 CREMATION GREEN MOUNT CREMATORY BALTIMORE MARYLAND BP. 24. FUNERAL DIRECTOR 25a. DATE REC'D. BY REGISTRAR 25b. POGISTRAR'S SIGNATURE **DHMH - 17** WALTER BROOKS BRADLEY INC., BALTO., MD. (VR A15 ME (5)) 21222 15M 7/77

Far goles Throw Handel George L. duckness House Lames Co to so feel in the like leave 1 Matheday and Secrety - Secrety

STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE & - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO L DECEASED NAME FIRST LAST 2a DATE OF DEATH 26 HOUR (TYPE OR PRINT) ELIZA MAE JULY 8, 1980 MANUEL 9:00 4 RACE 5 DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) 3. SEX IF UNDER I YEAR IF UNDER 24 HRS MONTH 1904 Female White Mav 76 To BIRTHPLACE ISTATE OR FOREIGN Th CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Virginia USA ANNE ARUNDEL COUNTY. WIDOWED DIVORCED CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12h KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY GLEN BURNIE Housewife NORTH ARUNDEL HOSPITAL Home PRESTON ST., BALTIMORE, MARYLAND 2120 USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 136 COUNTY 13e STREET ADDRESS 1629 Tieman Drive 21061 Maryland Glen Burnie x Anne Arunde 15 MOTHER'S MAIDEN NAME 14 FATHER'S NAME MIDDLI Samuel Lanham Ninnie Lee Ray Costello 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT LYES NO OR LINKNOWN (IF YES, GIVE WAR OR DATES) Orian T. Manuel Same as 13a-13e 224-20-3389 No APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH Enter only one cause per line for (a), (b), on PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse DIVISION OF VITAL RECORDS, CERTIFICATION 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY 20b. IF YES, WERE FINDINGS USED N CERTIFYING CAUSES OF DEATH? NOT NO [Hygier 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH Nem MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 19 21f LOCATION 21d. INJURY OCCURRED 21e PLACE OF INJURY COUNTY CITY OF TOWN STATE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE 220.1 certify that (I) this haspital attended the deceased from and that in (my our popinion death occurred on the date and hour and from the causes stated lew the body after death should be detached with the State Dept DEGREE 22 DATE SIGNED ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN IMPORTANT: 22e ADDRESS 230 NAME OF CEMETERY OR CREMATORY 23d. LOCATION 230. BURIAL, CREMATION, REMOVAL 23b DATE 7-12-80 Bluemont Loudoun VA Burlal Ebenezer Cemeter BP DBY CON RAR 25 REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR DHMH - 16 50M 1/76 (VR A 15 (4)) Funeral Home / Purcellville, VA

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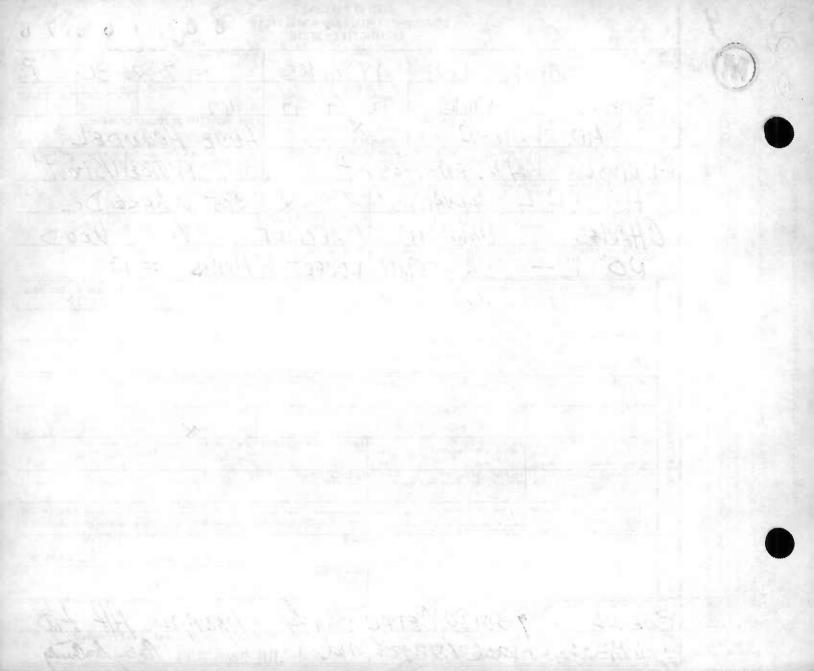
Samuel Leaner Mirmie May Costello

eff-eff ne ame feath T. though S-ed -OS-13e

Buniel -12-00 Edmissay Sectory Slagmont Loudoun MA

Hall Puperal home surgellyille. VA

~ 1	1 4					STATE OF MARYLAND		
OA	67		1-	FOR STATE REGISTRAR		NT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	REG. NO	16698
A C	(M)		(TYPE (EASED NAME STORY	ih W	Marks		$7-26-80$ 26 HOUR $P_{\rm M}$
	age 4 m rector rs aft once.		SEX	Femole	White	DATE OF BIRTH MONTH DAY YEAR 12 17	6. AGE (IN TEARS LAST BRETA (6.2	MONTHS DAYS HOURS MIN.
0	r death. F funeral di in 72 hou stiffed at	B	7a BIR CO	THPLACE (STATE OR FOREIGN 76.		MARRIED NEVER MARRIED	HUNE F	PUNDEL MD.
	by the led with	3	A	INApolis		ness) pt	THE USUAL OCCUPATION WONTON	
AND 212	hin 24 ho filled in auld be fil	5	USUA 13a Si	ATE 115 NURSING HOME OR OTH	HEALINSTITUTION, GIVEN RESIDENCE BEFORE AS VELOCITY OR TOWN	S YES NO DE	11a. STREET ADDRESS	LAKE DR
MARYL	ompletely and 2 short	20	1 FA	HERS NAME / MIDI HIARNES MIDI	DIE WILLIAM	APOLINE	WIDDIE	Wood
TIMORE	be exected and containing the me	1		AS DECEASED EVER IN U.S. ARME S, NO GRUNKNOWN! IF YES, GNE WA	D FORCES? 146 SOCIAL SECURIT	PI COBERT F	MARKS	ss # 13
W. PRESTON ST., BALTIMORE, MARYLAND 2120	death certificate ending physiciar carbon papers. F n, or removal. traumatic event,				ane cause per line for (a), (b), and (b)	LARCHIM 1	Bod.	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
PRESTON	at the deat the attendi emove carb emation, o			Canditions, if any, which gove rise to immediate	DUE TO, OR AS A CONSEQUENT	CE OF		
	equires that signed by the o burial, cre injury, or o			couse (o), stating the underlying couse last	DUE TO, OR AS A CONSEQUENT			
ORDS,	aw reen The			90 DATE OF OPERATION	196 CONDITION FOR WHICH O	ATH BUT NOT RELATED TO THE TERMI	280 AUTOPSY?	206. IF YES, WERE FINDINGS USED
AL REC	CIAN: The lician. idicate has busit permit. Hygiene prim 18 shows	2	TIFIC				YES NO TO	IN CERTIFYING CAUSES OF DEATH? YES NO NO
Z OF VI	PHYSICIAN: ng physician. this certificate urial-transit p Mental Hygie	9		718. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH [IF EITHER, NOTIFY MEDICAL EXAMINER]	216 TIME OF INJURY HOUR A.M. MONTH DAY P.M.	YEAR 19	ED (ENTER NATURE OF INJURY	rin (Tem 18, Part 1 Or Part 2)
	NG P nding ter th se bu		¥	WHILE OCT WHILE AT WORK	216. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM		CITY OR TOW	N COUNTY STATE
	T See See See See See See See See See Se	1		220 I certify that (I) (this hospital) saw the deceased alive on obove, (I) (we) (did) (did not) v	ottended the deceosed from	and that in (my) (507) opinion o	leath occurred on the da	19, that (I) (we) lost te and haur and from the couses stated
	by the hospital by the hospital ERAL DIRECT e detached for the State Dept. of ANT: If Item 2			276 SIGNATURE A.R.	- 6- 5,101	DEGREE ATTENDING PHYSICIAN	MEDICAL STAF	
	HOSP ined b FUNE uld be h the S	1		22d. PHYSICIAN'S NAME ITYPE OR PR	INT	22e ADDRESS		
	Bb Test		B	IRIAL CREMATION, REMOVAL	1/30/80 100	DAE BUY	HINDAG	Wis Af MB
	DHMH-16 25M (VRA 15, 4) 1/7		2	My My Ly L	Los Ching	whole and	REC D. BY REGISTINARIA	Tristing Machine



DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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	REG. NO.			100		

	REGISTRAR		CERTIFIC	CATE OF DEATH	REG.	NO.	0 0	
	DECEASED NAME FIRST TYPE OR PRINT) TR	MIDDLE	MA	RTIN	2a. DATE OF DEATH	MONTH DAY	YEAR :	5 HOUR
3.	male	Black	5. DATE OF	BIRTH YEAR	6 AGE (IN YEARS LAST B	IRTHDAY) IF U	NDER I YEAR	IF UNDER 24 HR HOURS MIN
0	BIRTHPLACE (STATE OR FOREIGN COUNTRY) N . C .	76 CITIZEN OF WHAT COUNTRY? USA	MARRIED WIDOWED	NEVER MARRIED DIVORCED	9 BALTIMORE CITY	OR COUNTY OF	DEATH	
7 10	Baltimore	11. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET A. A. G. F		OTHER INSTITUTION	12a USUAL OCCUPA (TYPE OF WORK FOR MOS		126. KIND OF INDUSTRY	BUSINESS
5 13	SUAL RESIDENCE (# NURSING HOME OF 136 COUR Anne		old	3d INSIDE CITY LIMITS YES NO 5. MOTHER'S MAIDEN	821 Wi	ndor Rd		1
27		MED FORCES? 16b. SOCIAL SECU	IPITY NO	FIRST	MIDDLE	RESS	LAST	
		E WAR OR DATES)			. Martin 8		or Rd	ATE INTERVAL
3		DUE TO, OR AS A CONSEOU (b) DUE TO, OR AS A CONSEOU (c) CONDITIONS CONTRIBUTING TO	ence of	OT RELATED TO THE	TERMINAL DISEASE OR CO	NDITION GIVEN	IN PART I(o)	
97 G	190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION	WAS PERFORMED	200 AUTOPSY?	20b. IF YES, W IN CERTIFYIN YES [IG CAUSES C	
9	OR COMPRESSION CAMER OF DE	HOUR A.M. MONTH D	AY YEAR		CURRED (ENTER NATURE OF IN	JURY IN ITEM 18, PART	1 OR PART 2)	
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	saw the deceased plive on	ital) attended the degeosed from		GREE	nion death occurred on the			
1	224. PHYSICIAN'S NAME (TYPE C	Mul fu	7	ATTENDIN PHYSICIA 22e ADDRESS	MEDICAL ST	AFF SICIAN	73	PO
22	REIDIAL CREMATION PEMOVAL	225 DATE 234	NAME OF CE	METERY OR CREMATO	DRY 23d LOCATION			

BP.

DHMH - 16 50M 7/77 (VR A 15 (4))

TO FUNERAL DIRECTOR: After

MPORTANT: If Hem 21 is marked or Item 18 shows ony injury, or other traumotic event, the should be detached for use as the burial-transit permit. Then please remove carbanpape with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or remayol.

(SPECIFY) 7/5/80 Cedar Hill Cem

CITY OR TOWN

COUNTY

STATE MD

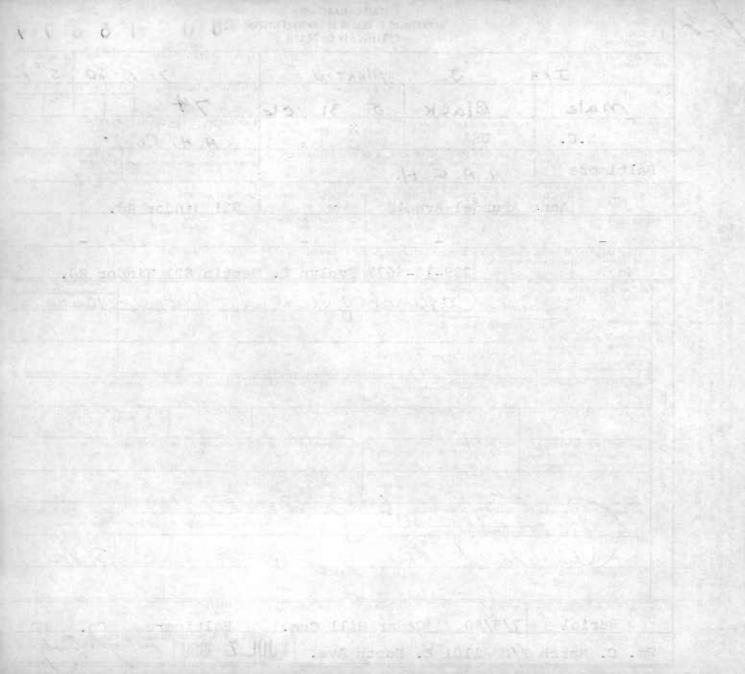
Burial 24. FUNERAL DIRECTOR
Wm. C. M

1101 E. North Ave. March F/H

n. Baltimore Co.

250. DATE REC'D, BY REGISTRAR 256. REGISTRAR'S SIGNATURE

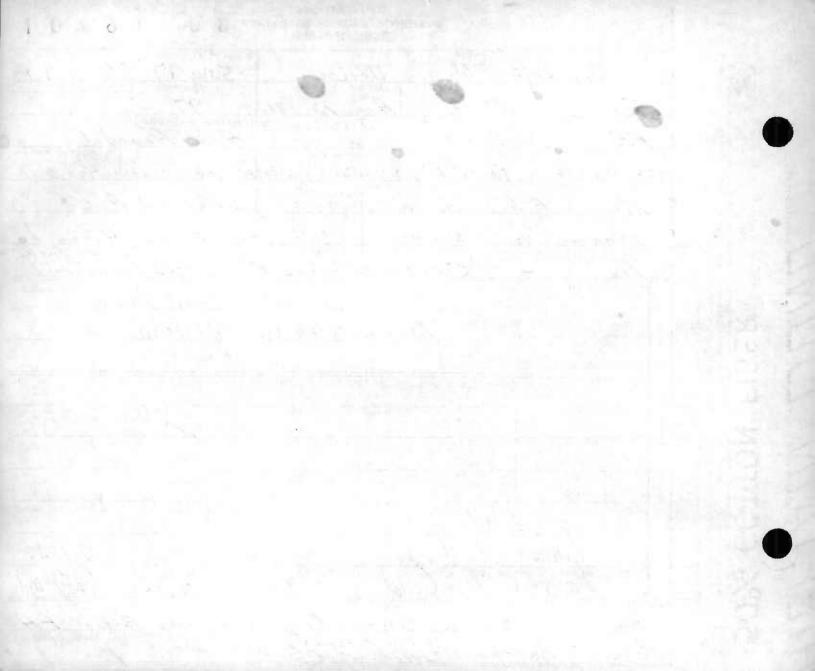
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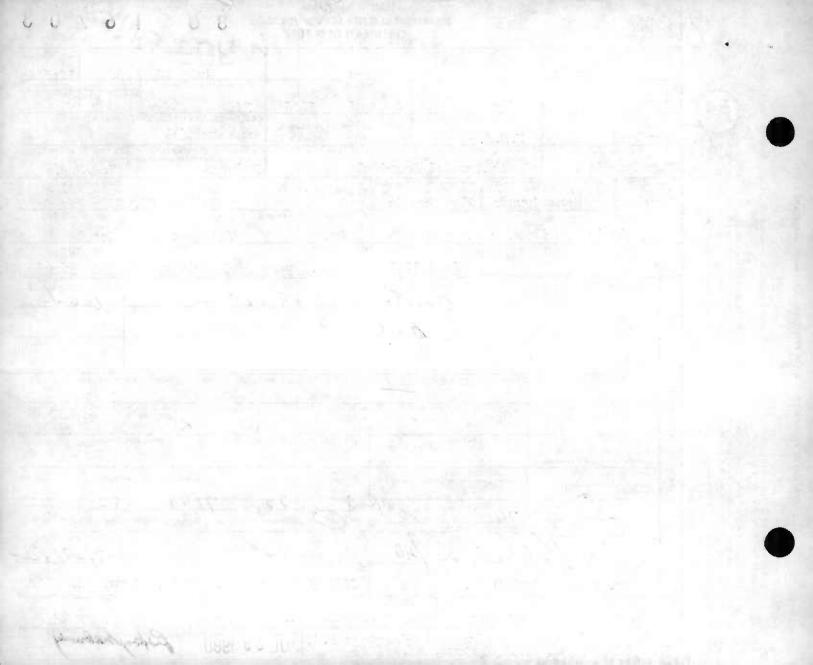
1		STATE OF MARYLAND	
4-28-80 6B	FOR STATE REGISTRAR	DEPARTMENT OF HEALTH AND MENTAL HYGI CERTIFICATE OF DEATH	ENE 8 0 1 6 7 0 1
~	1. DECEASED NAME FIRST	AIDIE LAST	26. DATE OF DEATH MONTH DAY YEAR 26. HOUR
NI	ElizAbei	A RACE S DATE OF BIRTH	6. AGE (IN YEARS AST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS
	Female.	White Muss. 12, 1887	97 YRS MONTHS DAYS HOURS MIN
8 8 7 C	7 ACE (STATE OR FOREIGN COUNTRY)	CITIZEN OF WHAT COUNTRY? 8.	9 BALTIMORE CITY OR COUNTY OF DEATH
10 P	10 CITY OR TOWN OF DEATH	NIDOWED DIVORCED IN NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION	120 USUAL OCCUPATION 12b. KIND OF BUSINESS O
mount 10	GIEN BUINIE	NORTH ACTURED NISS. + CONVENT	(TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY
must be	USUAL RESIDENCE (IF NURSING HOME OR 138 COUNTY)	A 14 VEC DE NOT	13e STREET ADDRESS
	14. FATHER'S NAME	IS MOTHER'S MAIDEN NAM	A Maryland 1902
\$02	Monroe.	1. Whereton bodies	Tie Marie Hammond
medico	(YES, NO ONUNKNOWN) (IF YES, GIVE	WAR OR DATES)	ADDRESS Severna Park
the m	//6 -	- 1011-09-5032/auline	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
vent,	PART I. DEATH WAS CAUSED	y one couse per line for (a), (b) and (b) BY: EXILITY OF THE REPORT OF	MEAKT USFOSE
ofic e	4140	DUE TO, OR AS A CONSEQUENCE OF	61
troum	Conditions, if any, which gove rise to immediate	(b) PRIENIOS (ENOSIS	Y ENERALIZED
other	couse (0), stoting the underlying couse lost	DUE TO, OR AS A CONSEQUENCE OF	
γ, or		ONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMI	NAL DISEASE OR CONDITION GIVEN IN PART 1(0)
y in y	0		200 AUTOPSY? 206 IF YES, WERE FIND INGS USED
ws or	19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING	196 CONDITION FOR WHICH OPERATION WAS PERFORMED	200 AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO YES NO NO
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Fe a	OR CONTRIBUTING CAUSE OF DEAT	P.M. 19	
o o	(IF EITHER, NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED WHILE NOT WHILE	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) 21f. LOCATION STREET	CITY OR TOWN COUNTY STATE
mark	22a.1 certify that (i) (this haspite	pl) ottended the deceased from UNIVER 19 17	to July 17, 19, 80, that (1) (ma) la
21 is	sow the deceased olive on obove, (1) (we) (dd) (did not	July 5 1980 and that in (my) lawy opinion d	eoth occurred on the date and hour and from the couses stated
# Hem	22b. SIGNATURE	DEGREE	MEDICAL STAFF 22c. DATE SIGNED
Z -	22d. PHYSICIAN S DAME (TYPE OR	PHYSICIAN PHYSICIAN	DIRECTOR PHYSICIAN D
IMPORTANT	FRANC	is I Codd POBUX (017 SEVERNA PARK Ma
3 ₹	23a. BURIAL, CREMATION, REMOVAL (SPECIFY)	23b. DATE 23c. NAME OF CEMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN COUNTY STATE
_	24 FUNERAL DIRECTOR	7-21-80 Chlysses Cemeter	REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
1/ 76)	Rosert S. Ra	ADDRESS SI R. tenie Hay	1 4 1 1980



	-1			STATE OF MARYLAND		
	1	FOR - STATE REGISTRAR	DEPAI	RTMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE 8 0	6702
e c		PECEASED NAME FIRST (PE OR PRINT)	PMIDDLE	McNew	July 27	1980 718 HOUR
ge 4 may) 1	F F	A RACE W	S DATE OF BIRTH MONTH DOC. 17 1931	6 AGE (IN YEARS LAST BIRTHDAY)	FUNDER I YEAR FUNDER 24 HRS
death. Paneral dir. 72 hour	5	BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTR		9 BALTIMORE CITY OR COUNT	/ /
by the fur	3 10	Anna po lo	11. NAME OF HOSPITAL, NUR (IF NOT IN SUCH FACILITY, GIVE STR	SING HOME OR OTHER INSTITUTION	128. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING)	12% KIND OF BUSINESS OR INDUSTRY
nin 24 hou filled in b uld be file	J US	UAL RESIDE ACE (IF NURSING HOME OR STATE 136 COUN	00 10 1	111.	13. STREET ADDRESS	e Way
d with	7/14		MIDDLE CLAST	15 MOTHER'S MAIDEN NO	AME MIDDLE	1AST
and compliges 1 and in	1 160	WAS DECEASED EVER IN U.S. AR	MED FORCES? 16b SOCIAL SE	CURITY NO. 17 INFORMANT	ADDRESS 186	W. Lake Drive
icate b sician a ers. Par val.	-	Is CAUSE OF DEATH (Enter on	ly ane cause per line for (a), (b),	ondict.	Jove Honar	APPROXUATE INTERVAL BETWEEN ONSET AND DEATH
ires that the death certil ed by the attending phy ease remove carbon pap rial, cremation, or remo		Canditions, if any, which gave rise to immediate cause (a), stating the underlying cause last	DUE TO, OR AS A CONSECUTION OF T	ance of Ja	lsophage	n
requ n sign to bu to bu	Z		ONDITIONS CONTRIBUTING T	O DEATH BUT NOT RELATED TO THE TER	MINAL DISEASE OR CONDITION G	IVEN IN PART I(a)
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DING PHY ittending ph After this c is the burial- ith and Men marked or	MEDICAL	216 INJURY OCCURRED WHILE NOT WHILE AT WORK	210 PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFI	211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
NTTEN tal or a CTOR: or use a		saw the deceased alive an	rational the deceased from	Col	, ta Jolg 27	, 19, that (I) (=e) last our and from the causes stated
AL DIR tached te Dept		MISIGNATURE M	- Richard	Sen. M.D. ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	July27, 1882
HOSP ined b FUNE uld be	1	GANNAME (TYPE O	RichARD.	son 104 For.	bes Strept,	ANNA polisma
BP Teta	23	BURIAL, CREMATION, REMOVAL	130. DATE July 30, 1980	in NAME OF CEMETERY OR CREMATORY	Phonapolis	COUNTY STATE
DHMH-16 25M (VRA 15, 4) 1/7	-	FUNERAL DIRECTOR NAME OND MATGYLOY	& Sons Apress		TE REC'D, BY REGISTRAR 251 EGI	STRAR'S SIGNATURE

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		- STATE REGISTRAR	CERTIFICATE OF DEATH REG. NO.							
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14	GZ	en Burnie	North	Arundel H	lospital		Type of work for most of Painter	WORKING LIFE)	N.A.	5.4.
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il, cremation, or			(b)_	OR AS A CONSEQUE)				
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1/6 p	1-	FOR STATE	DEPARTMENT OF	HEALTH AND MENTAL NER'S CERTIFICATE	DEDEA PL	6 7 0 4
Is his &		REGISTRAR ECEASED NAME PER OR PRINT)	MIDDLE	LAST	KEG. 140.	ONTH DAY YEAR 25. HOUR
FASE DURS PREET,	3. SE	Joh	5. DATE OF BIRTH 6. AGE IN	11 ddelthor	Z DEATH MATED	C 19 1950 M
2003		MW	NONTH DAY YEAR LAST BIRTH	DAY) MONTHS DAYS HOURS YRS.	MIN PRONOUNCED DEAD	19 19 80 PM
	2 1	BIRTHPLACE (STATE OR OREIGN COUNTRY) VIRGINIA	76. CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER MAR		OUNTY OF DEATH
AY IS THE AGE FILE	_	TITY OR TOWN OF DEATH	U.S.A. 11. NAME OF HOSPITAL, NURSING HOM (IF NOT IN SUCHEACTLITY, GIVE STREET ADDRESS	AE, OR OTHER INSTITUTION	12a. USUAL OCCUPATION (TYPE OF V	MD.
N PEL	USU	MAGSIDE AL RESIDENCE (IF IN NURSING HOME	OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMIS		COMMERCIAL ARTIS	T ART
IF ANY DEL	5 130.	MD. ANN		TE YES NO	13e. STREET ADDRESS 1188 OAK AVE.	Y.
MD. 2 S 1, 2, 2 PM 3. VITAL	0	ATHER'S NAME FIRST	MIDDLE LAST	15. MOTHER'S MAID		LAST 1
MORE, MI	16a.	JOHAN WAS DECEASED EVER IN U.S. AI YES, NO, OR UNKNOWN) 1 (IF YES, GIV	MIDDLETH RMED FORCES? 16b. SOCIAL SECUR		ADDRESS	LEE
BALTIMORE, MD. 21201 URS AFTER DEATH. IF ANY B. GIVE PAGES 1, 2, AND WITH FORM PM 3, RETA WITH FORM PM 3, RETA DIVISION OF WITA RECC		NO	230-14-37	29 CATRICIA	MIDDLETHON 2019	POLLARD ST. ARLY
		PART I DEATH WAS CAUS		+ : : 0	2.21	PRO MATE INTERVAL
ESTON ST. HIN 24 HC IN ITEM 1 R ALONG SIT PERM! HYGIENE,		4029	DUE TO, OR AS ACONSEQUENCE	OF	, , , ,	Tutten
OT W. PREST UTED WITHIN N PENCIL IN EXAMINER (IAL-TRANSIT MENTAL HY OR REMOVA		Conditions, if any, which gave rise to immediat cause (a) stating the under	e / (b)	0.5	r.	
S, 301 W. PREST ECUTED WITHIN 27 IN PENCIL IN BL EXAMINER A BURAL-TRANSIR AND MENTAL HY		lying cause lost.	(c)			
DIVISION OF VITAL RECORDS, 301 W. PRESTON ST., S. CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOI RITING THE WORD. "PENDING" IN PENCIL IN ITEM IS RODE TO THE CHIEF MEDICAL EXAMINER ALONG E 3 SHOULD BE USED AS A BURIAL-TRANSIT PERMIT E DEPARTMENT OF HEALTH AND MENTAL HYGIENE, PRIOR TO BURIAL, CREMATION, OR REMOVAL.	Z	PART 2 OTHER SIGNIFICANT CONDITION	S CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TEL	IMINAL DISEASE DR CONDITION GIVEN IN P	ART 1 (a).	
ITAL RECORDS SHOULD BE EX RD "PENDING CHIEF MEDIC. E USED AS A I OF HEALTH A ALI, CREMATIO	CERTIFICATION	190. DATE OF OPERATION	196. CONDITION FOR WHICH OPE	RATION WAS PERFORMED?		20. AUTOPSY?
OF VITAL RATE SHOUL WORD "P THE CHIEF ID BE USE NENT OF H		21g EXTERNAL CAUSE WAS	21b. TIME OF INJURY	Tale HOW INTERVOCCUER	PED LENTER NATURE OF INJURY IN ITEM 18 PART 1	YES NO
ON O IFICAL THE Y TO THE YOULD THE ARTIME ARTIME		UNDERLYING OR CONTRIBUTING CAUSE OF	HOUR A.M. MONTH DAY YEA	AR	ED TENER INCOME OF HOURT IN HEM PERMIT	ORTANIZI
DIVISION OF VIT. THIS CERTIFICATE SH E. WRITING THE WORR FRACE 3 SHOULD BE USAGE 3 SHORT TO SHORT T	MEDICAL	21d. INJURY OCCURRED WHILE AT WORK AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, FARM, ETC.)	21f. LOCATION STREET	CITY OR TOWN	COUNTY STATE
ATER:		22a. I certify that I took char	ge of the remains described above, held an	Autapsy , Inspection	on , Inquiry , and in r	my opinian
EXAMINE CERTIFICA UID BE FO DIRECTOR WITH THE	18	death resulted fram Natural	causes , Accident , S	vicide	Undetermined monner ,	
CAL EXA THE CER SHOULD RAL DIR RE, MARY	4	ACTUAL SIGNATURE	chall-	TITLE (SPECIFY) M.D. Depuy	MEDICAL EXAMINER S	ATE 6.19.80
O P 4 N O	5-	EXAMINER'S NAME (TYPE OR PRINT)	Linhardt	ADDRESS #	motolis, met	_
TO MI EXECU PAGE TO FU	23g. E	SURIAL, CREMATION, REMOVAL	23b. DATE 23c. NAME OF CI	METERY OR CREMATORY	23d WCATION City on town	COUNTY, STATE
BP	24. F	CREMATION UNERAL DIRECTOR	6-20-80 METROPO	LITAN CREMATORY	REC'D. BY REGISTRAR 75h REGISTRA	AIRFAX VA.
(VR A15 ME (5)) 15M 7/77]	VES FUNERAL HO	ADDRESS	, ARL. VA	N 3 0 1980	

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DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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54	Gl	en Bu	rnie	Ŋ	orth	Aruno	ve street address) del Hosp	ital	ER INSTITUTION	FOR	UALOCCU MOST OF WOI IGINE		YPE OF WO	(OR INDUST	ISINESS RY HOUSE
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INTERNO. 21201 FRIOR TO BORISE, CREMATION, OR	MEDICAL CERTIFICATION ST TO	gove ris couse (a) lying cous (b) lying cous (b) lying cous (c) ly	PER AT WORK COURED NOT WHILE AT WORK That I took of the from: NAME	OF DEATH	(b)	OR AS A CO	ONSEQUENCE RELATED TO THE TERM OR WHICH OPER TH DAY YEA 19 IRY (ATHOME, M, ETC.)	RATION W. 21f. LOC S' Autops M.	AS PERFORMED? DW INJURY OCCUR CATION TREET Homicide TITLE (SPECIFY) D. ASSISTE	ion Under	Inquiry rermined mo	onner AINER	and in my	COUNTY	YES [3]	NO []

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE &

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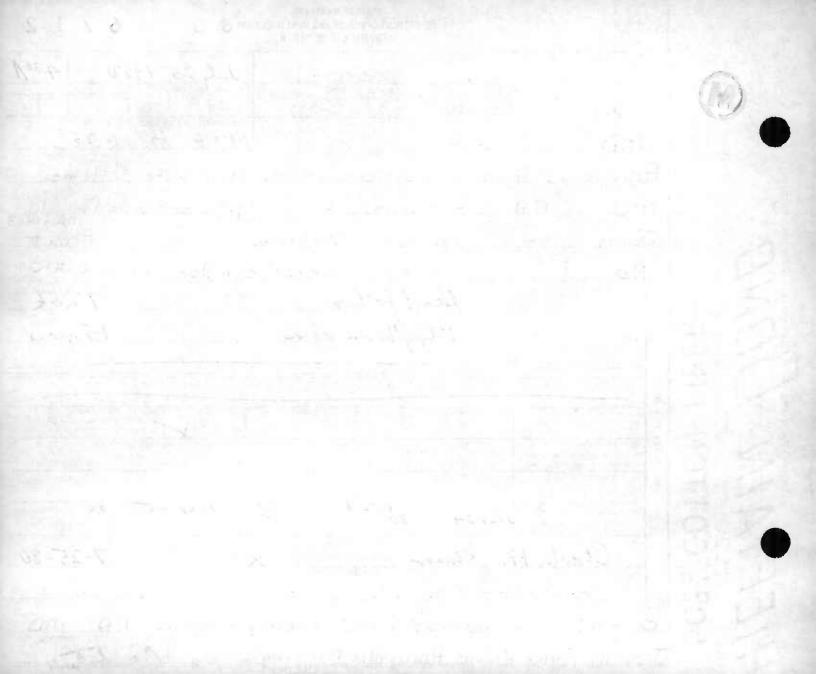
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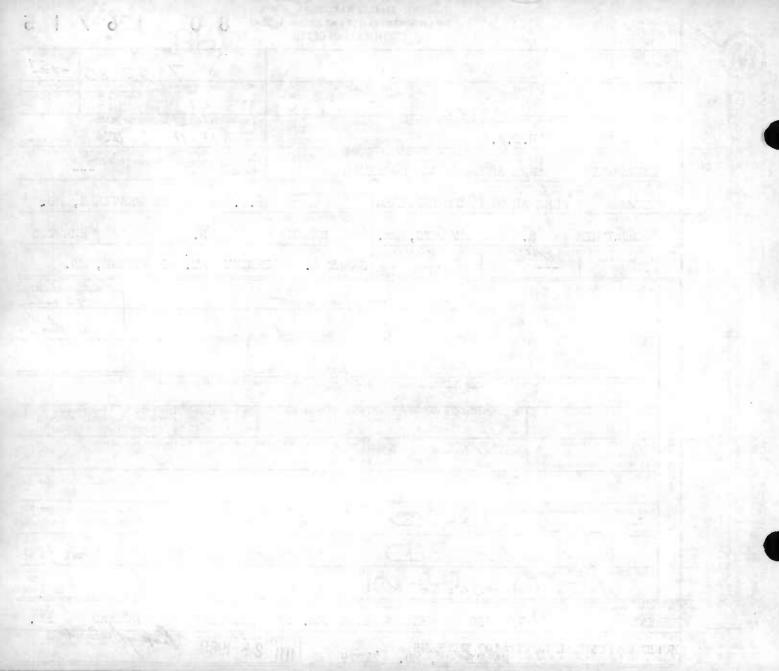
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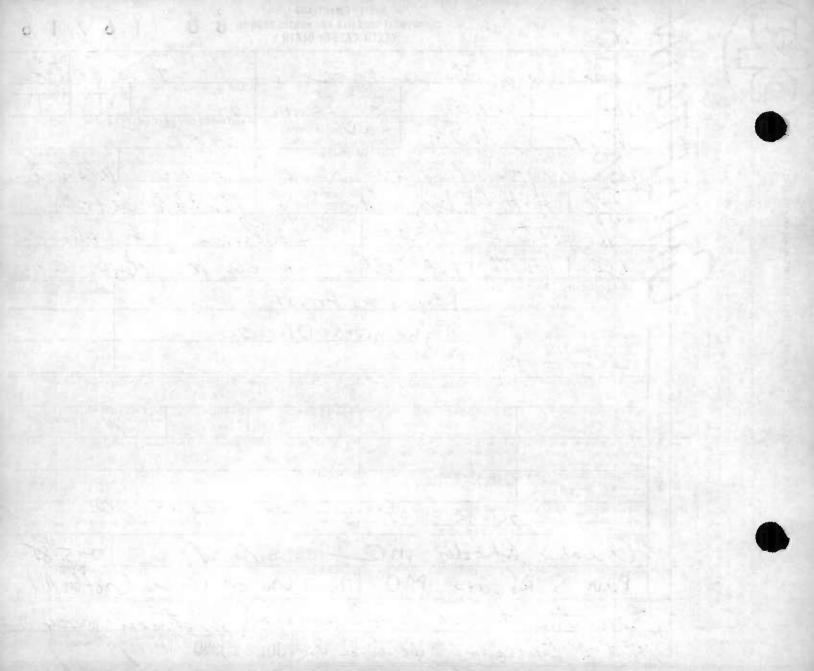
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quires the signed be then pleo to buriol.	NO	PART 2. OTHER SIGNIFIC	ANT CONDITIONS C	111111			RMINAL DISEASE OR CON	DITION GIVEN IN	PART 1(a)
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230. BURIAL, CREMATION, REMOVAL BURIAL

23b. DATE 7-26-1980

23c. NAME OF CEMETERY OR CREMATORY JOHN WESLEY CEME.

22e. ADDRESS

23d LOCATION CITY OF TOWN
Annapolis

COUNTY

A.A.

24 FUNERAL DIRECTOR DHMH-16 50M7/77 (VR A 15 (4))

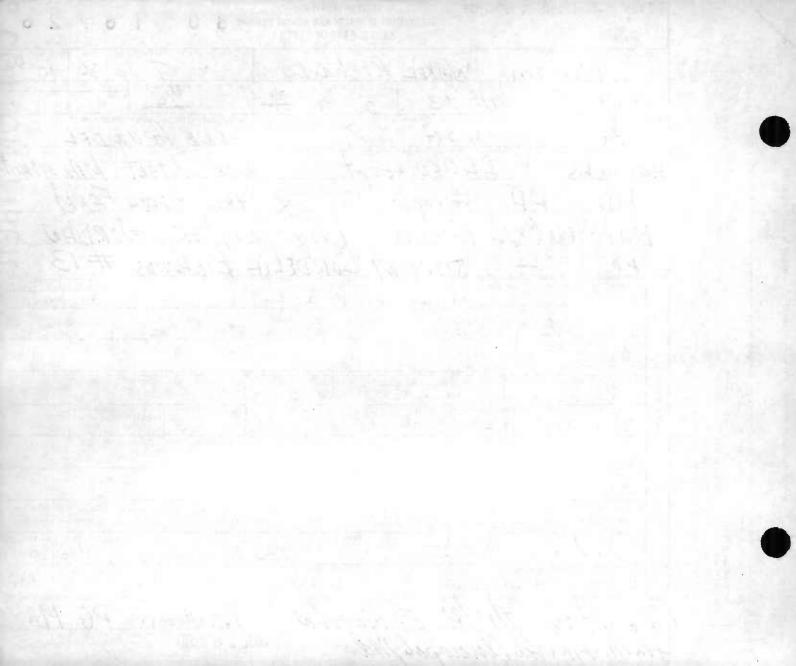
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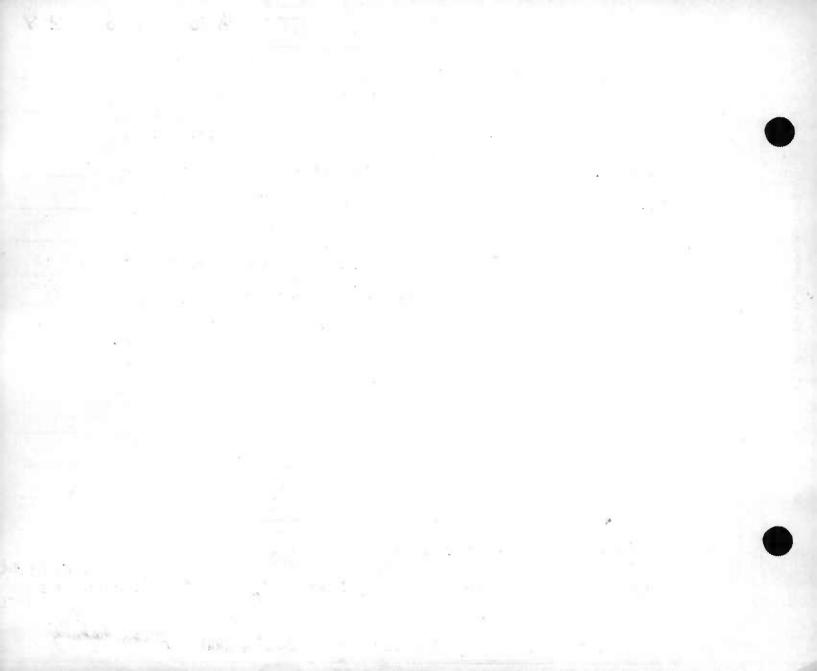
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(14)	3. SE		1. RACE S. DATE OF MONT	OF BIRTH H DAY YEARLY	6 AGE (IN YEARS LAST ATRAHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN
leoth. Par nnerol d nn 72 H	7a 8i	RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY? 8 MARRIE WIDOW	D NEVER MARRIED	9 BAHIMORE CITY OR COUN	TY OF DEATH
on softer d	In	UUAPO his	11. NAME OF HOSPITAL, NURSING HOME (IF NOT IT IT FACILITY GIVE STREET ADDRESS)		120 USUAL OCCUPATIONS OF WORKING	126 KIND OF BUSINESS OR INDUSTRY
AND 212 24 hour filled in fould be f		AL RESIDENCE (IF NURSING HOME OF	ROTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) N3) CITY OR TOWN HUWAMIS	13d INSIDE CITY LIMITS?	HOLLY BEACH	FARM
MARYLL ed within mpletely ond 2 sh extrainer	14, F,	YATHEW C	ARL RICHARDS	15. MOTHER'S MAIDEN NAM	JALKER -	JORNAN
'IMORE,	16s. 5		e war or dates) ST7 092167	CORDELIF	PIEHARDS	#13
II W. PRESTON ST., BAL. That the death certificate by the attending physicis cose remove carban paper of cremation, or removol. r other troumatic event, the		PART I. DEATH WAS CAUSE	DUE TO, OR AS A CONSEQUENCE OF	esti le	d'é Vosail	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 30 Min
IL RECORDS, 20 In low requires on. hos been signed permit. Then pla ene prior to bura ene prior to bura ows any injury, o	CERTIFICATION	PART 2 OTHER SIGNIFICANT OF PART 2 OTHER SIGNIFICANT OF PART O	CONDITIONS CONTRIBUTING TO DEATH BUT	the pros	200 AUTOPSY? 200. IF Y	ES, WERE FINDINGS USED TIFYING CAUSES OF DEATH? YES \(\text{YE} \) NO \(\text{T} \)
DIVISION OF VITA NG PHYSICIAN: The ottending physicic of the rhis certificate as the buriok-transit h and Mental Hygin orked or item 18 sh	CAL	21a. ACCIDENT WAS UNDERLYING ON CONTRIBUTING CAUSE OF DEA (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED	HOUR A.M. MONTH DAY YEAR	216 HOW HUURY OCCURRE	ED (ENTER NATURE OF INJURY IN ITEM 1)	B, PART I OR PART 2)
DIVISIC Or offen or offen Affer thi e as the k alth and A	MEDI	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)	STREET	CITY OR TOWN	COUNTY STATE
by the hospital or ATTEN by the hospital becal to life CTOR. be detached for us Store Dept. of He ANT. If Hem 21 is		sow the deceased alive an above, (1) (we)(did) (did no 22b. SIGNATURE	ati view the body after death 19 80 o	DEGREE	eoth occurred on the date and h MEDICAL STAFF DIRECTOR PHYSICIAN	
TO HOSPITAL retained by th TO FUNERAL should be det with the Store		H. LOGAN HO	OFFRINT) OFFRENE	16 MURIAY	L AVE, AN	NAPOLIS, MP.
BP (2304	URIAL, CREMATION, REMOVAL	23b. Date 23b. NAME 25	COLD CREMATORY	23 LOCATION CITY OF TOWN PEW WOOD	COUNTY G. MATE
DHMH - 16 50M 1/76 (VR A 15 (4))	Co	WANN FOLL	en annopole Ma	25a. DATE	TECH BRIGHT ST. RES	STRAR'S SIGNATURE



FOR

(VRA 15, 4) 7/78



	١,	FOR	DE		E OF MARYLAND BEALTH AND MENTAL HY	GIENE 8 0	1	6 7 2	8
	['	REGISTRAR		CERTII	ICATE OF DEATH	REG. N	o. *		
10		CEASED NAME FIRST	MIDDLE	D.	LAST	26 DATE OF DEATH	MONTH DAY	YEAR 2h. HOUR	A
1)	3. SE	Mann	A RACE	erine		1.105	12	00 8	М
	F	emale	White	MONT O	OF BIRTH H DAY YEAR O 1	6 AGE JIN YEARS LAST BIRT	YRS MON	INDER 1 YEAR IF UNDER 24 HI	
35	C	RTHPLACE (STATE OR FOREIGN DUNTRY) Lothian	76 CITIZEN OF WHAT COU USA	MARRIE		A LLE	R COUNTY OF	100	MD.
politica	A	Mapolis	AME OLU	e street appress	Her Hosp	12a USUAL OCCUPATE (TYPE OF WORK FOR MOST O	on Fworking life) I teac	17b. KIND OF BUSINESS (INDUSTRY 101	OR
S S	130. 3	AL RESIDENCE (IF NURSING HOME OR STATE 136 COUN Md. A.A.	III III O	e before admission) r town thian	134. INSIDE CITY LIMITS?	13. STREET ADDRESS 340 Bayar	d Rd.		
Scomine C	14. FA	THER'S NAME PRIST Dawson	Arms	trong	Alice	MIDDLE	W	lard (AST	
medicol		VAS DECEASED EVER IN U.S. AR. (ES, NO OR UNKNOWN) 1 IF YES, GIVE	WAR OR DATEST	1 SECURITY NO. 38-0376	William Rin	ADDRE nehart Jr.		, Md.	
r ather traumatic event, th		18 CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE IMMEDIAT Conditions, if any, which gave rise to immediate couse (o), stating the underlying cause last.	DUE TO, OR AS A CON	ISEQUENCE OF	Buat			APPROXIMATE INTERVAL BETWEEN ONSET AND DEAT	H
ony injury, or a	CERTIFICATION	PART 2 OTHER SIGNIFICANT O	ONDITIONS CONTRIBUTION			AINAL DISEASE OR CON	20b. IF YES, W	ERE FINDINGS USED	_
or Item 18 shows	TIFIC					YES NO	IN CERTIFYIN	G CAUSES OF DEATH?	
9		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA		H DAY YEAR	21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJUR	Y IN ITEM 18, PART 1	OR PART 2)	
1	MEDICAL	21d INJURY OCCURRED WHILE ONT WHILE OF AT WORK	21e PLACE OF INJURY LAT HOME, STREET, FACTORY,	OFFICE, FARM, ETC)	211 LOCATION STREET	CITY OR TOW	N	COUNTY STATE	
		22a L certify that (1) (this hospit sow the deceosed alive on abave, (1) (web (did) (did no	7/1/80	. ,	79 , 19 nd that in (my) (our) opinion	to 7/2/9	te and hour on	, that (1) (we) li	ast
# # # # # # # # # # # # # # # # # # #		276 SIGNATURE	Phin I			MEDICAL STAP	F IAN []	7/2/80	
IMPORTANT		S. D. W.	ATKINS	S	121 Cathedra	ıl St. Annap	olis, M	d. 21401	
4	23a B	URIAL, CREMATION, REMOVAL	23b. DATE		EMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	COL	INTY STATE	
-		Burial	7/6/80	Mt Z	ion United Mel	ntbdist Cer	êtery	Lothain Md.	
20M 7/78		INERAL DIRECTOR NAME AND STATE FLICTION	ADOR		JU ZSG. DAT	L 3 1980	profing	PS S I S NATURE	

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201



	MARYLAND STATE DEPARTMENT OF HEALTH	
FOR STATE	MEDICAL EXAMINER'S CERTIFICATE OF DEATH 8 0 1 6	7 2 9
HEALTH DEPT	DECEASED-NAME First Middle Lost 2a. DATE KNOWN Manth Di	Year 2b. HOU
Health	3. SEX 4. RACE S. DATE OF BIRTH 6. AGE (in years least burthday) White distribution is a control of the con	Year SO 2d. HOL
M3. Per	70. BIRTHPLACE (State or foreign country) NEW YORK U.S.A. 8. MARRIED NEVER MARRIED S 9. COUNTY OF DEATH WIDOWED DIVORCED How Affected.	7 1
d. 21201 24 hours in Item I th form P	10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a. USUAL OCCUPATION (Kind of work done 12	2b. KIND OF BUSINESS OR IDUSTRY
E E E E	13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN admitted that the state of	orest Rd.
ending in personal solution of the solution of	14. FATHER'S NAME First Middle Lost JEROME J. RIVERS DENISE Middle	DAVIS
d be exed be exed in er's Of iner's	16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yen reg. or unknown) (If yes give war or doles of service) 16b. SOCIAL SECURITY NO. 17. INFORMANT JEROME J. RIVERS 936 Sherwood For	olis, Md. est Rd.
TO DEPUTY MEDICAL EXAMINER: This certificate shauld be executed with a necessary, please execute the certificate, writing the word "pending" in penaltar. Page 4 shauld be farwarded to the Chief Medical Examiner's Office along a shauld be used as a burial-transit permit. File pages 1 and 2 with the arrenaval, and in any event within 72 hours after death.	18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. DUE TO, OR AS A CONSEQUENCE OF (c) PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)	AFWEIN ONST AND DIATH
AL EXAMI (ecute the farwarded ed as a bu	190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED?	20. AUTOPSY? YES NO.
sary, please ex ge 4 shauld be 3 shauld be us aval, and in a	WHILE NOT WHILE tagtor, affice building, etg.	County State
If any delay is funeral directory your files. L DIRECTOR: al, cremation,	220. I certify that I took charge of the remoins described obove, held on Autopsy , Inspection , Inquiry , deoth resulted from: Notural couses , Accident , Suicide , Homicide , Undetermined monner CHIEF MEDICAL EXAMINER ACTUAL SIGNATURE ACTUAL SIGNA	ond in my opinio
ond 3 to the ond 3 to the be retained TO FUNERA prior to buri	On DURIN COUNTY OF THE PARTY OF	munty) (State) (State) and
R A15ME (5) 8M-1/70	24. FUNERAL DIRECTOR WILLIAM REESE & SONS MORTUARY, P.A. ADDAMMAP DATE 250. REC'D BY REGISTRAR DATE 250. REC'D BY REGIS	NOURE Cready

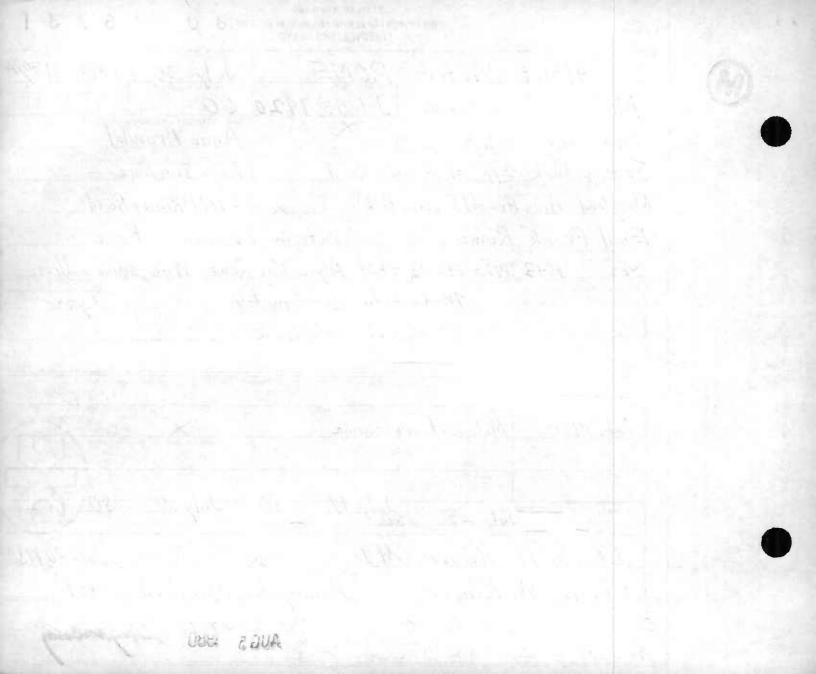
MINE M. CROSSING S. C. S AND THE REAL PROPERTY OF THE P ALCO W. HAVES MY BENEFIT OF POSTER OF THE bas year and allower and the series of the contract of the con demandite, in. DREE STORY AT TRACE AND STORY

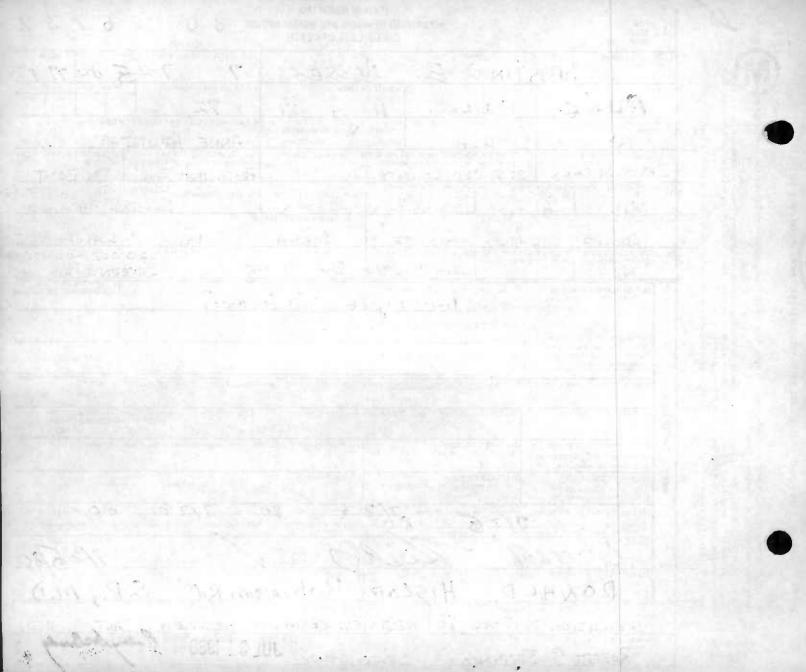
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requires that the death certificate be executed within 24 hours after
ATTENDING PHYSICIAN: The law
A TIGOOD O

	(TYPE	CEASED NAME A FRIST AT OR PRINT)		acH	20 DATE OF DEATH 7 6 AGE (IN YEARS LAST BIRTI	MONTH DAY YEAR 20. HO
once.	3 SE	F	W. S. DATE O. MONT.	H DAY YEAR	90	YRS.
fied at		RTHPLACE ISTATE OR FOREIGN OUNTRY) Maryland	MARRIE WIDOW	D NEVER MARRIED DIONORCED	9 BALTIMORE CITY O	EARUNDE!
970	10 CI	. /	11. NAME OF HOSPITAL, NURSING HOME ((IF NOT IN SUCH FACILITY, GNE STREET ADDRESS) Maryland Manor Nurs		12e USUAL OCCUPATE (TYPE OF WORK FOR MOST OF Housewife	
35	13a S Ma	aryland Anne A	other institution, give residence before admission) TY 13t. CITY OR TOWN Arundel Glen Burnie P	134. INSIDE CITY LIMITS?		a Drive - 21061
cal exa	14 FA	THER'S NAME FIRST Henry	Dietz	Katherine	D. DODLE	Nuthall
ont, the med		No -	WAR OR DARKE	rs.Charles K.	Rauser-60	8 Pamela Dr21
		DADT 1 DEATH WAR CALICEE	ev.	11		
y, or other traumatic ev		PART I. DEATH WAS CAUSED IMMEDIATI Conditions, if ony, which gove rise to immediate cause 1a1, stating the underlying cause lost.	DUE TO, OR AS A CONSEQUENCE OF (b) ACC VD E T DUE TO, OR AS A CONSEQUENCE OF	hotong of Pres	ons CVA	Years
injury, or other	NOI	Conditions, if ony, which gove rise to immediate cause 101, stating the underlying cause lost.	DUE TO, OR AS A CONSEQUENCE OF	08	NAL DISEASE OR CONE	Yeard Jeans DITION GIVEN IN PART 1(0)
shows any injury, or other	TIFICATION	Conditions, if ony, which gove rise to immediate cause 101, stating the underlying cause lost.	DUE TO, OR AS A CONSEQUENCE OF (b) DUE TO, OR AS A CONSEQUENCE OF (c)	NOT RELATED TO THE TERMI	NAL DISEASE OR CONI	Jeans Je
Item 18 shows any injury, or other	CAL CERTIFICATION	Conditions, if ony, which gove rise to immediate cause 101, stating the underlying cause lost. PART 2 OTHER SIGNIFICANT C	DUE TO, OR AS A CONSEQUENCE OF (b) A CONSEQUENCE OF DUE TO, OR AS A CONSEQUENCE OF (c) ONDITIONS CONTRIBUTING TO DEATH BUT 196 CONDITION FOR WHICH OPERATION 216 TIME OF INJURY	NOT RELATED TO THE TERMI	200 AUTOPSY? YES NO	206. IF YES, WERE FINDINGS US IN CERTIFYING CAUSES OF DE YES NO
18 shows any injury, or other	MEDICAL CERTIFICATION	Conditions, if ony, which gove rise to immediate cause 101, stating the underlying cause lost. PART 2 OTHER SIGNIFICANT C 190 DATE OF OPERATION 210, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	DUE TO, OR AS A CONSEQUENCE OF (b) DUE TO, OR AS A CONSEQUENCE OF (c) ONDITIONS CONTRIBUTING TO DEATH BUT (19) CONDITION FOR WHICH OPERATION 21) TIME OF INJURY HOUR A.M. MONTH DAY YEAR	NOT RELATED TO THE TERMI	200 AUTOPSY? YES NO	20b. IF YES, WERE FINDINGS UIN CERTIFYING CAUSES OF DE YES NO
or Item 18 shows any injury, or other		IMMEDIATI Conditions, if ony, which gove rise to immediate cause 101, stating the underlying cause lost. PART 2 OTHER SIGNIFICANT C 190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA: (IF EITHER, NOTHY MEDICAL EKAMINER) 214. INJURY OCCURRED WHILE NOT WHILE	DUE TO, OR AS A CONSEQUENCE OF (b) ACCVD DUE TO, OR AS A CONSEQUENCE OF (c) DUE TO, OR AS A CONSEQUENCE OF (d) DUE TO, OR AS A CONSEQU	NOT RELATED TO THE TERMINAL WAS PERFORMED 216 HOW INJURY OCCURR 216 LOCATION STREET 10 19 75 nd that injury) (our) opinion of DEGREE	200 AUTOPSY? YES NO CENTER NATURE OF INJURE CITY OR TOW	20b. IF YES, WERE FINDINGS UIN CERTIFYING CAUSES OF DE YES NO BY IN ITEM 18, PART 1 OR PART 2) VN COUNTY 19 C , thquidote and haur and from the couses

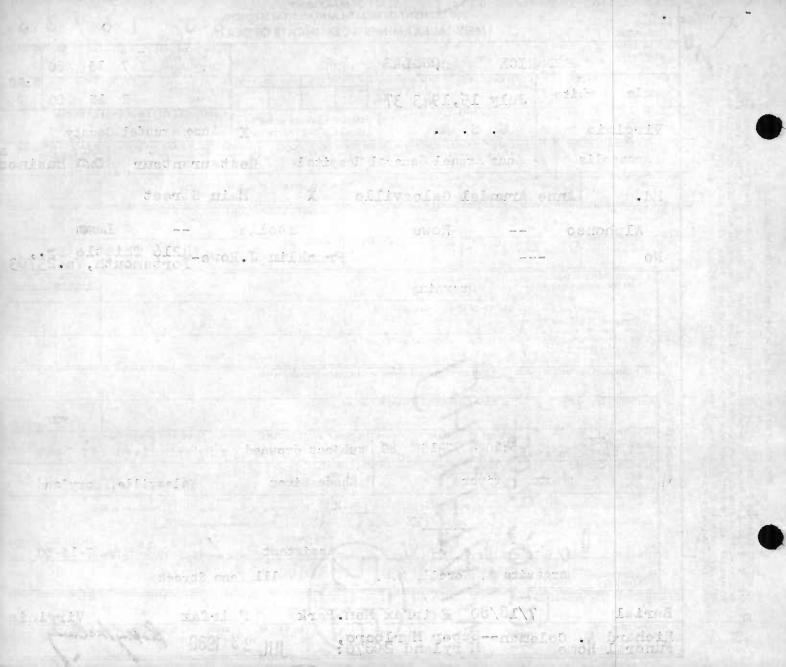
0.6 / 0 / 0.6 Alma Rosen 2.12.18.c FORE TENEDERS one large to the large fursing lone | Morestine to the light styland anno arangelsten samie Ex. x | 608 famela prive - 21061 I Colonia Honing I. Hotel 13012-10 aloma Sperienna, N molando and 1 of-Ag-130 Market Transport of the Control of t ints E. Distriction tark Cometery and March 1822 101. In 1980 history had a Mener Lander & Cons. Inc. - Belto. . Md. - 21213

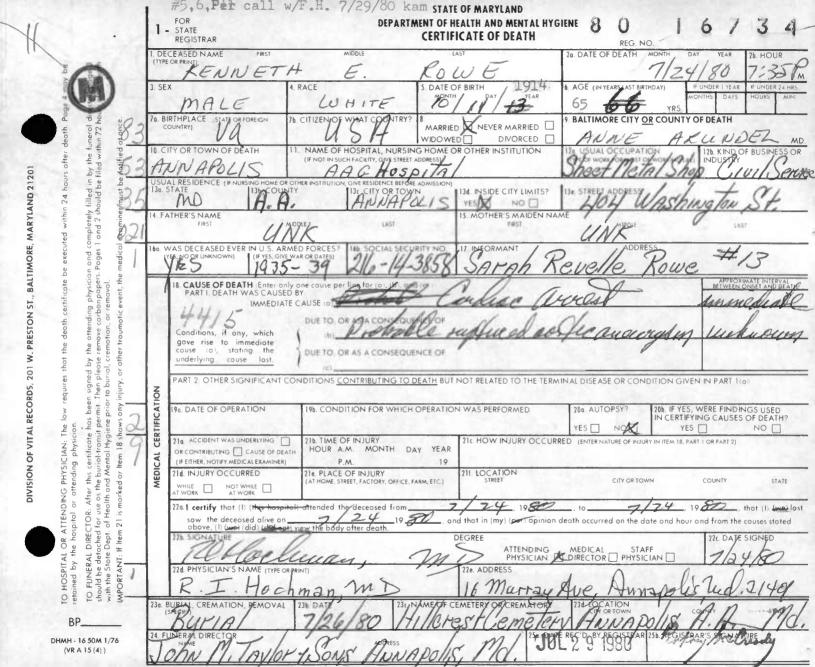
3	1.	STATE OF MARYLAND FOR STATE STATE REGISTRAR STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 CERTIFICATE OF DEATH REG. NO.	
M		CEASED NAME FIRST MIDDLE LAST 20 DATE OF DEATH MONTH DAY YEAR 26 HOUR OR PRINT) A BOTT VICTOR ROME JULY 30, 1980 1130 X A RACE S. DATE OF BIRTH 6 AGE (IN WARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 34 HOURS MIDDLE STANDAY OF THE	(14.5
ofter death Pa		THE COURT OF DEATH OF THE STATE	MD
AND 212C	USU 13a. :	Severna Park 2/1 M Kinsey Road Life Industry ALRESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) STAFE 138 JCOUNTY 138 JCOUNTY 138 CHTY OR TOWN Maryland Hnng Arunde Severna Park 128 D NO 12 2-1/1 M Kinsey Road	1
RE, MARYLL ecuted within d completely es I and 2 sh		ATHER'S NAME FIRST FORM ROME LAST Victoria Berard Rome Victoria Berard Rome LAST VICTORIANT ADDRESS	
ALTIMO	(YES NOOR UNKNOWN) (IF YES GIVE WAR OR DATES) 1943-1963 142-18-9429 Alyce Kay Rome, Wife, same address 18 CAUSE OF DEATH, Enter only one cause per line for (0), (b), and yell, RAPPROXIMEN ONSE! AND DEA APPROXIMEN ONSE! AND DEA APPROXIMENT ONSE! AND DEA	тн
es that the death certificate by the other certificate by the attending physical cremation, or remover corbangural, cremation, or remover.	NO	PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (0) Metastatic Carcinematosis DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse ioi. stating the underlying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)	_
DIVISION OF VITAL RECORDS, ING PHYSICIAN: The low require attending physician. Wher this certificate has been signs the buriol-transit permit. Then the and Mental Hygiene prior to be orked or them 18 shows any injury orked or them 18 shows any injury.	AL CERTIFICATION	190 DATE OF OPERATION 190 CONDITION FOR WHICH OPERATION WAS PERFORMED 190 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 200 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO 210, ACCIDENT WAS UNDERLYING OF INJURY OR CONTRIBUTION CAUSE OF DEATH HOUR A.M. MONTH DAY YEAR 190 CONTRIBUTION OF INJURY IN ITEM 18, PART 1 OR PART 2) P.M. 19	
O O S O E	MEDICAL	21d. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) 22e. I certify that (I) (this bacquest gittended the deceased from July 17, 1980 to July 30, 1980, that (I) (we) sow the deceased olive on July 27, 1980, and that in (my) feed opinion death occurred on the date and hour and from the causes stated	lost
TAL OR by the hy		Obove, (I) (a) (did) (did) view the body offer deoth. 27b. SIGN TURE DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR	80
TO HOSP retoined TO FUNE should by with the k		BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION CITY OF TOWN SOCIETY POLICIAL 8-1-80 Pringfon Dat. Cem 17-lingfon	
DHMH - 16 50M 1/76 (VR A 15 (4))	24 F	UNERAL DIRECTOR KObert S. Barranco Severna Park 2005 501 By 180 TRAR	

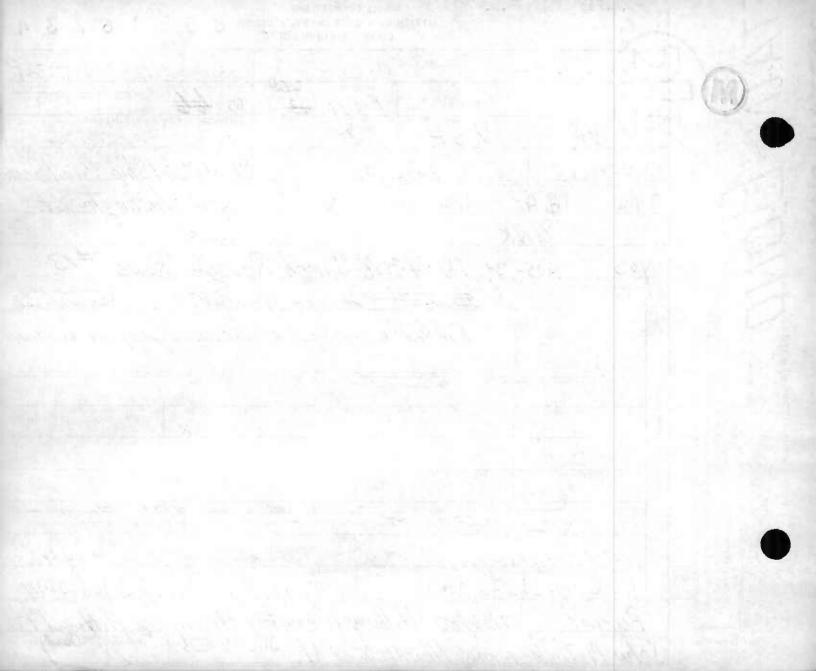


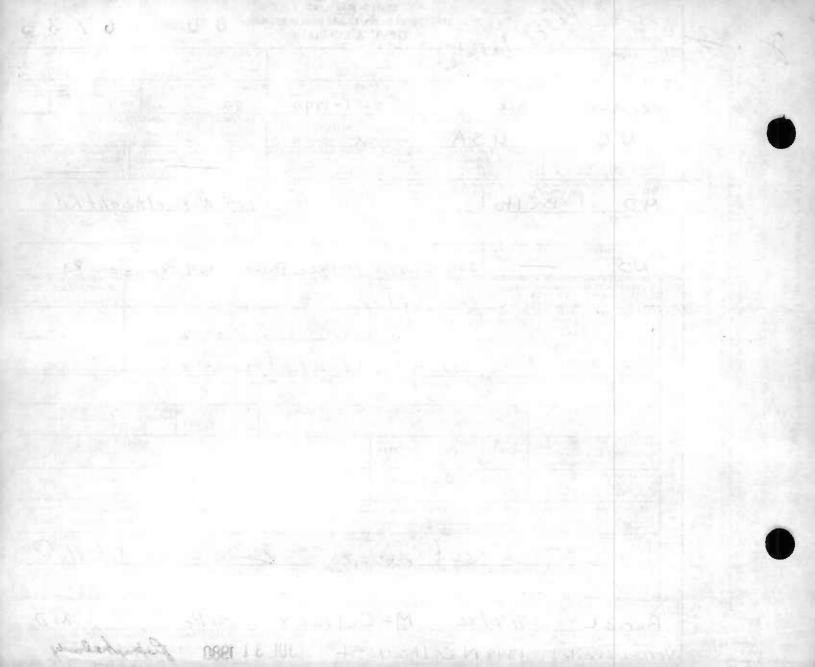


	OR STATE REGISTRAR EASED NAME FIRST	MEDICAL EXAMI	INER'S CERTIFICATE OF	WEO: 1101	
	OP BRINT)	ERICK DOUGLAS	S ROWE	26. DATE KNOWN K MONTH OF ESTI- DEATH MATED 7	15 19 80 A
3 SEX	nale white	MONTH DAY YEAR LAST BIRTI	YEARS IF UNDER 1 YR. IF UNDER 24 (HDAY) MONTHS DAYS HOURS MI	PRONOLINCED	15 19 80 P A
7a BIR	THPLACE (STATE OR EIGH COUNTRY)	76. CITIZEN OF WHAT COUNTRY? U. S. A.	8. MARRIED NEVER MARRIED WIDOWED DIVORCED	9. BALTIMORE CITY OR COUNT	Y OF DEATH
ID. CIT	Annapolis	11. NAME OF HOSPITAL, NURSING HOL HENDT IN SUCH FACILITY GIVE STREET ADDRESS Anne Arune Gener	me, or other institution 126 ral Hospital R	J. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) Stauranteur	
13a. ST/	Id • Isb. Coun	or other institution, give residence before admit TY 13c. CITY OR TOWN Arundel Galesy	ission) 13d. Inside city Limits? YES X NO	STREET ADDRESS Main Street	
	THER'S NAME FIRST Alphonso	MIDDLE LAST ROWE	15. MOTHER'S MAIDENN FIRST Estell	e AIDDLE	Lamm
16a. WA	0	WAR OR DATES)	Franklin J	•Rowe-1216 This	tle Dr. h. Va. 23703
>	PARTI DEATH WAS CAUSE! MMEDIA: Conditions, if ony, which gave rise to immediate cause (a) stating the under- lying cause lost.	TE CAUSE (a) DUE TO, OR AS A CONSEQUENC	E OF	α.	APPROXIMATE INTERVAL BETWEEN ONSELAND DEATH
	19a, DATE OF OPERATION	19b. CONDITION FOR WHICH OP		•	20. AUTOPSY?
CATIO	THE STATE OF GREATHOR				
CERTIFIC	210. EXTERNAL CAUSE WAS	216 TIME OF INJURY 54200M MONTH SAY YE		ENTER NATURE OF INJURY IN ITEM 18 PART I OR PAR	
EDICAL	21a EXTERNAL CAUSE WAS UNDERLYING TO OR CONTRIBUTING CAUSE OF E 21d INJURY OCCURRED	DEATH 5120 PM MONT 15 AY 19 19 218. PLACE OF INJURY (AT HOME.	subject drpwne	subject dived	off boat
MEDICAL	21a. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF II 21d INJURY OCCURRED WHILE NOT WHILE AT WORK 22a. I certify that I taok charg death resulted fram: Natur ACTUAL SIGNATURE	DEATH 5120 PM MONT 15 AY 19 19 218. PLACE OF INJURY (AT HOME.	SU subject drpwned 21f. LOCATION Rhode River Autops XX Inspection Suicide Hamicide TITLE (SPECIFY) M.D. Assistant	Subject dived CITY OR TOWN Galesville, Inquiry . ond in my operation of the control of the con	off boat Maryland State









-	FOR STATE REGISTRAR	DEPARTI	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	IENE 8 0 1	6 7 3 6
	1. DECEASED NAME FIRST	WIDDIE	LAST	20. DATE OF DEATH MONTH DA	Y YEAR 26 HOUR
	Slinglu	ff	Russell	7 11	8 80 9 9 /PM
	3. SEX	4 RACE	5. DATE OF BIRTH		UNDER I YEAR OF UNDER 24 HRS
	M ale	Black	March 03 1905	75 yrs. YRS.	DNIHS DAYS HOURS MIN
	76. BIRTHPLACE ISTATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY?		9 BALTIMORE CITY OR COUNTY C	OF DEATH
5	Baltimore Md.	U.S.A.	WIDOWED DIVORCED	Ann Arundel	County, ME
2	10 CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN	NG HOME OR OTHER INSTITUTION	12a USUAL OCCUPATION (TYPE OF WORK FO: OST OF WORKING LIFE)	12b. KIND OF BUSINESS OR
3	Annapolis		en. Hospital	Maitre D	Fort Meade
1	USUAL RESIDENCE (IF NURSING HOME OF 130. STATE 13b COL	OR OTHER INSTITUTION, GIVE RESIDENCE BEFOR	E ADMISSION)	13e. STREET ADDRESS	
0	Maryland Ann	Arundel Shady	side YES Im NOXI	1576 Columbus	Beach Rd.
	14. FATHER'S NAME	MIDDLE LAST	15. MOTHER'S MAIDEN NA		IAST
Ü,	William	Russel			Nelson
1	160. WAS DECEASED EVER IN U.S. A			ADDRESS	
/	NO		956A Natalie Ru	ssell 1576 Colu	umbus Beach
	18 CAUSE OF DEATH (Enter of	only one couse per line for (a), (b), on			RETWEEN ONSET AND DEATH

notified at ance physician ingocardial infarction pame du offending DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (o), stating DUE TO, OR AS A CONSEQUENCE OF underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 Sign CERTIFICATION 20b. IF YES, WERE FINDINGS USED 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? IN CERTIFYING CAUSES OF DEATH? this certificate has the burial-transit per and Mental Hygiene YES [NOF NO 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 216. TIME OF INJURY 21g. ACCIDENT WAS UNDERLYING Item 18 s MONTH HOUR A.M. DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL P.M. (IF EITHER, NOTIFY MEDICAL EXAMINER) 21e PLACE OF INJURY 211. LOCATION 20 (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN COUNTY STATE NOT WHILE 22a. I certify that (I) (this happite) attended the deceased from FUNERAL DIRECTOR: sow the deceased alive on above. (1) (we) (did) (did of) view the body after death opinion death occurred on the date and hour and from the causes stated should be detached with the State Dept. 22c. DATE SIGNED 22b. SIGNATURE DEGREE ATTENDING MEDICAL STAFF DIRECTOR PHYSICIAN IMPORTANT 22e ADDRESS SHELDON KRAVITZ. E. UNIVERSITY 201 0 23a. BURIAL, CREMATION, REMOVAL 23b. DATE 23¢ NAME OF CEMETERY OR CREMATORY (SPECIFY)

BP.

DHMH - 16 50M 7/77 (VR A 15 (4))

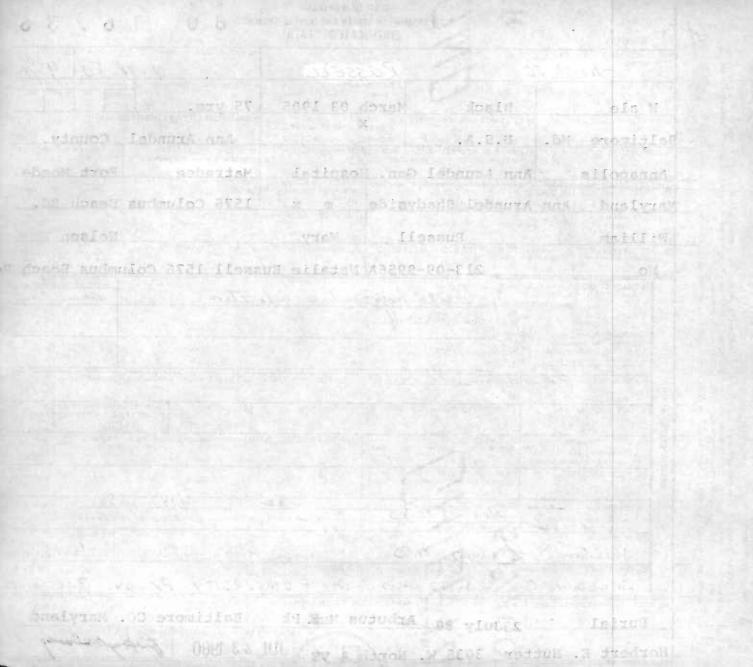
Burial 24 FUNERAL DIRECTOR

Arbutus Mem. Pk

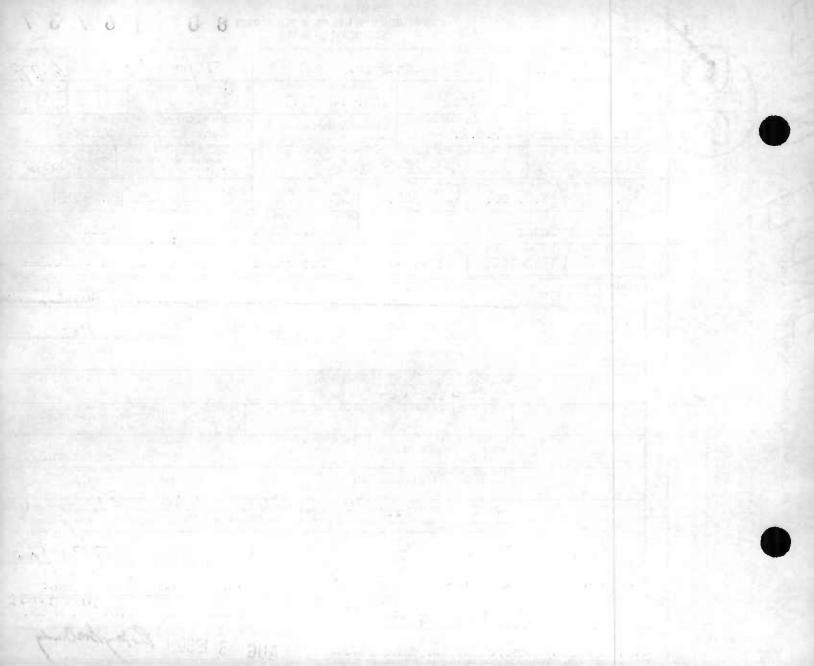
Baltimore CO. Maryland

250. DATE REC'D. BY REGISTRAR 25b.

Herbert E. Nutter 3035 W. North JUL 23



V	Ki	STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 0 6 7 3 7 CERTIFICATE OF DEATH REG. NO. 1. DECEMBER OF DEATH CHAPTER OF PRINT) Charles Sprigg Sands Sr. CAST 20. DATE OF DEATH MONTH DAY YEAR 26. HOUR Charles Sprigg Sands Sr.							
X									26. HOUR
	3. SE	x Male	1. RACE S. DATE OF BIRTH DANNIE 28			28 DAY 1914 TEAR	PVER MARRIED DIVORCED OF BALTIMORE CITY OR COUNTY OF DEATH Anne Arundel County		
n 72 Sou	7a. B	IRTHPLACE ISTATE OR FOREIGN OUNTRY) West Virginia	U.S.A. WIDOWE		D X NEVER MARRIED DIVORCED				
54	G1	en Burnie	RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION OF UP RESIDENCE BEFORE ADMISSION) ATE Md. 13h COUNTY 13c CITY OR TOWNS A.A. CO. Gambrills			tal			
should be	13a	AL RESIDENCE (IF NURSING HOME OF STATE Md.				130 INSIDE CITY LIMITS? 130 754 Appresspolis Rd. 21054			21054
and 2 sh	14 F.	William Sand	15. MOTHER'S MAIDEN NAM Cristine	ne DuBois LAST					
rers. Pages 1	160	was deceased ever in u.s. armed forces? 166 Social security no. 17. Informant Address (156 No or Uniknown) (11542-1946 216-12-4975 Mary Sands 754 Annapolis Rd. Gambr						Jambril]	
permit. Then please remene prior to burial, cremo	CERTIFICATION	gove rise to immediate couse (a), stating the underlying couse lost. PART 2. OTHER SIGNIFICANT (CONDITIONS OF	Herle	EATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON 20e AUTOPSY? YES NO	DITION GIVEN IN PAR 20b. IF YES, WERE FII IN CERTIFYING CAL YES	NDINGS USED
burial-transit Mental Hygir or Item 18 sha	MEDICAL CERT	23a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE. (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED	P. 21e. PLACE	M. MONTH DA M.	y YEAR	211. LOCATION		RY IN ITEM 1B, PART 1 OR PAR	T 2)
CTOR After the for use as the after the after the and and and and a 21 is marked	2	WHILE AT WORK 220.1 certify that (1) (this hasp sow the deceased alive on above, (1) (we) (did) (did no	tol) ottended th	e deceased from	4/	nd that in (my) (our) apinion		2	, that (I) (we
TO FUNERAL DIRECT should be detached for with the State Dept. or IMPORTANT: If Item 2		226. SIGNATURE 226. PHYSICIAN'S NAME (TYPE O	Eller	,		DEGREE ATTENDING PHYSICIAN 220. ADDRESS SVEN 61	MEDICAL STA	FF CIAN []	13/3/3
M W W		BURIAL, CREMATION, REMOVAL		23c N	AME OF C	EMETERY OR CREMATORY	23d LOCATION SUPTIANO	P. CONTY C	771 211
- 16 50M 1/76 - A 15 (4))		UNERAL DIRECTOR T.A. Hardesty A	nnapoli	ADDRESS S. Marylan	nd 21		FREC'D. BY REGISTRAR 5 1980	25h. RESISTAR'S S	Budy



DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR

8 8 5 6 F U 8 of the property of the party o Mary Enviore Survey July 13 1882 A 29 221 12 10 50000 And policelings from the converse species wife stome M.D. FER HAMPEN X - 124 EDUCKE-PLE Metar B. Leather Carrier - Chronic - Eleannest AND THE THE SECURE TOWN TO SECURE THE SECURE Sullen Tanna Pagent of Indention carry OK - water was the said of the said of the DELATED THE FROM THE COUNTY OF THE PERSON OF John I Toylot & Land There of the State of the

FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 20. DATE KNOWN 2b. HOUR SELLMAN MILBERT (TYPE OR PRINT) ESTI-1950 DEATH MATED Scot 3. SEX 4. RACE 5. DATE OF BIRTH 6. AGE (IN YEARS IF UNDER 1 YR IF UNDER 24 HRS 2d. HOUR DATE монтн ST BIRTHDAY PRONOUNCED M 13 D 66 DEAD YRS 7b. CITIZEN OF WHAT COUNTRY? 70. BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED A NEVER MARRIED U.S.A. ARYTANTI DIVORCED XX ANNE ARUNDEL ID. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) FOR MOST OF WORKING LIFE! 136. CONNTX MARYLAND 13d INSIDE CITY LIMITS? 13 To REET 200 Backwell Road ANNAPOLISH YES [NO [14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME PM AND SETLMAN MIDDLE SCOTT FIRGUSSIE MIDDLE CARTER 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17. INFORMANT ADDRESS NO OR UNKNOWN (IF YES, GIVE WAR OR DATES) 214-16-6345 BELVAIN SMITH 519 6th St. Annapolis. Md. CAUSE OF DEATH (Enter anly ane couse per line for (o), (b), and (c). BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY AS A BURIAL-TRANSIT PERMIT ALTH AND MENTAL HYGIENE, MATION, OR REMOVAL. IMMEDIATE CAUSE (a) OP AS A CONSEQUENCE OF Canditians, if any, which gove rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) IFICATION 19g DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? BURIAL YES VARDED TO THE CAGE 3 SHOULD BE ATE DEPARTMENT NO T 210. EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 HOUR A.M. MONTH DAY YEAR UNDERLYING OR 0 MEDICAL CONTRIBUTING CAUSE OF DEATH 1950 P.M. 21e PLACE OF INJURY (AT HOME STREET, FACTORY, FARM, ETC. STATE WHILE AT WORK Rome MA OULD BE FOR DIRECTOR: I WITH THE 220. I certify that I took charge of the remains described above, held an Autapsy and in my apinian Suicide death resulted fram Natural causes Homicide Undetermined manner TO ME.

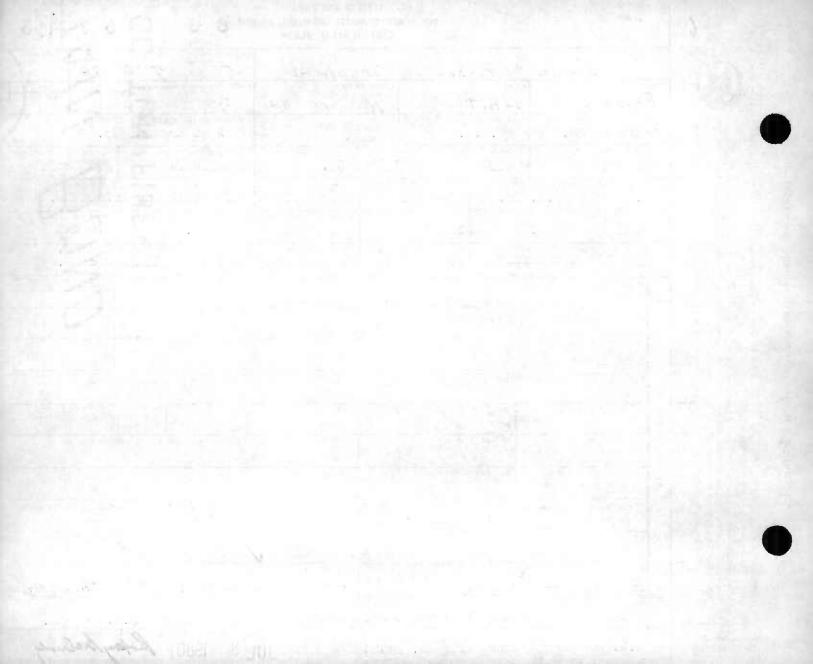
EXECUTE THE
PAGE 4 SHOULD
TO FUNERAL DI'
AFTER DEATH, V
ATTIMORE, M.F. TITLE (SPECIFY) 7.1.80 ACTUAL SIGNATURE EXAMINER'S NAME (TYPE OR PRINT) 230 BURIAL, CREMATION REMOVAL 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION BURTAL 7-10-1980 Shadyside SCOTT CEMETERY A.A. Maryland BP 24. FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAF Annapoli, Md. **DHMH-17** WILLIAM REESE & SONS MORTUARY, P.A. (VR A15 ME (5)) 1980 15M7/77

STATE OF MARYLAND

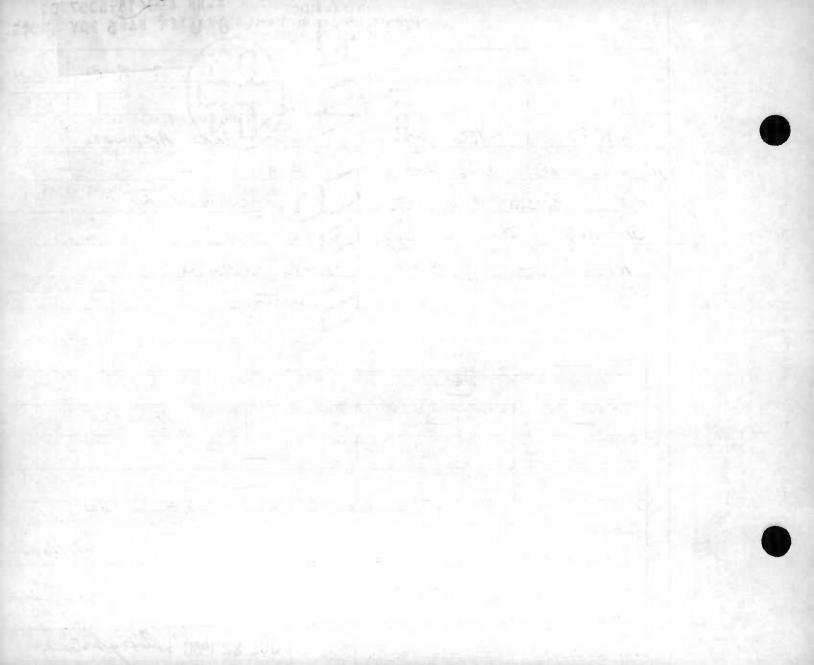
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	nay be page 3 er death	I DE	CEASED NAME FIRST OR PRINT) Shirk		RABU BA	LAST	20.	DATE OF DEATH	7 9	YEAR 21	HOUR YXX
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		10 CI	TY OR TOWN OF DEATH		HOSPITAL, NURSING HO	ME OR OTHER INSTITUT	TION 12a	USUAL OCCUPATION	NC	125 KIND OF E	BUSINESS OR
4D 2120	24 hours thed or old be m			EN BONE	L ALUNDE LONG RESIDENCE MEDITE ADMIN 1134. CITY OR TOWN	134 INSIDE CITY L		STREET ADDRESS	112,CH	KESAPEP	IKE
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IVISION	DING PHYS or attendin After this c e as the bur alth and Me	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE (AT HOME, STI	OF INJURY REET, FACTORY, OFFICE, FARM, E	211 LOCATION STREET		CITY OR TOW	и	COUNTY	STATE
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	BP	230 E	surial, cremation, removal Specify) Cremation			OF CEMETERY OR CREA View Mem. P	ark	3d LOCATION CITY OR TOWN Baltimo	re	Md.	STATE
	DHMH - 16 50M 1/76 (VR A 15 (4))		INERAL DIRECTOR T.A. Hardesty	Anna	polis, Mary	Land 21401	JUL 250. DATE REC	22 1980	25b. Bergistra	R'S SIGNATUR	ely



		FOR		D.F.D.A.D.T.I		OF MARYLAND	Hue	chess	La .
241	- 5	STATE REGISTRAR		DEPARIA		EALTH AND MENTAL HYG ICATE OF DEATH	0/14	1 6	1 4
	I DECE	ASED NAME FIRST		MIDDLE		AST	REG. NO		DST YEAR 26 HOUR
be 3	(TYPE OR	HOWARI		Ε.	SMIT	TH	1	ULY 12, 1	N. 15 10 9 11
may I page	3 SEX	A D .	4 RACE	1	5 DATE C	OF BIRTH	6. AGE (IN YEARS LAST BIRT	HDAY] IF UNDER	LYEAR IF UNDER 24 HR
age 4 rector, rs afte		male	We	ut	Marc		59	YRS.	DAYS HOURS MIN
funeral dir. 72 heuringer at	Ja. BIRTI COUP	HPLACE (STATE OR FOREIGN MTRY)	7. CITIZEN OF U.S.A	WHAT COUNTRY?		NEVER MARRIED	9 BALTIMORE CITY O		
S after	4.1	OR TOWN OF DEATH	11. NAME OF	HOSPITAL, NURSING FACILITY, GIVE STREET	ADDRESS)	OR OTHER INSTITUTION	ANNE ARUN 120 USUAL OCCUPAT H (TYPE OF WORK FOR MOST OF	ON 12b. 1 F WORKING LIFE) INDI	CIND OF BUSINESS C USTRY
nusk filed		RESIDENCE (IF NURSING HOME OR		TH ARUNDE		TTAL	Supervise	r Lv	il Service
hin 24 filled ind be	130. STA	Md. Q.A.	NTY	Chester	/N	134. INSIDE CITY LIMITS? YES NO 🔯	13. STREET ADDRESS Rt#1 Box 2	84 . Ches	ter. Md.
cuted with ampletely and 2 should be exampled and 2 should be exampled.	14. FATH		MDDLE Howard	Smith		15. MOTHER'S MAIDEN NAME FIRST Helen	WIDDLE	Sabi	LAST .
9 0		S DECEASED EVER IN U.S. AR		166 SOCIAL SECU	JRITY NO.	17 INFORMANT	ADDRE		110
e be es an and Pages t, the n	(YES,	, NO OR UNKNOWN) (IF YES, GIVE	E WAR OR DATES	212-16-1	1956	Margaret Ruti	h Smith .Rt	#1 Box #2	84. Cheste
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w requires en signed l hen pleas r to burial ny injury,		ART 2 OTHER SIGNIFICANT C	ONDHIONS CO	ONTRIBUTING TO D	DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVEN IN P.	ART 1(a)
: The lar	CERTIFICATION	a DATE OF OPERATION	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	204 AUTOPSY?	206. IF YES, WERE IN CERTIFYING C YES	AUSES OF DEATH?
S sh	4						YES NO	I ES [NO 🗌
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TENDING PHYSICIAN or attending physician. OR: After this certifical see as the burial-transir thealth and Mental Hygi is marked or Item 18	MEDICAL	OR CONTRIBUTING CAULD DO IF EITHER, NOTHY MEDICAL ENAMELS. Id. INJURY OCCURRED WHILE I WORK AND	P. 21a PLACE TAT NOWE STI	M. MONTH DA M. OF INJURY REET, FACTORY, OFFICE, F	19	211 LOCATION	ED (ENTER NATURE OF INJUR	Y IN ITEM 18, PART 1 OR P	ART 2 ITY STATE , that (I) (we) li
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TIAL SK ATTENDING PHYSICIAN y the hospital or attending physician, by the hospital or attending physician. BAL DIRECTOR: After this certificat detached for use as the burial-transit trate Dept. of Health and Mental Hygi	WEDICAL 222	OR CONTRIBUTING CAULD CAULD CONTRIBUTING CAULD CAULD CONTRIBUTING CAULD	HOUR A. P. TILL PLACE INT HOME STILL OHER DODG.	M. MONTH DAM. OF INJURY REEL, PACTOR, OHICE, P	PARM ETC. 1 G/2	19	ED (ENTERNATURE OF INJURE LEATH OCCUPYED ON the do MEDICAL STAF DIRECTOR PHYSIC akwood Road urnie, Md.	COUNTY ON THE MISS PART I OR P	ITY STATE
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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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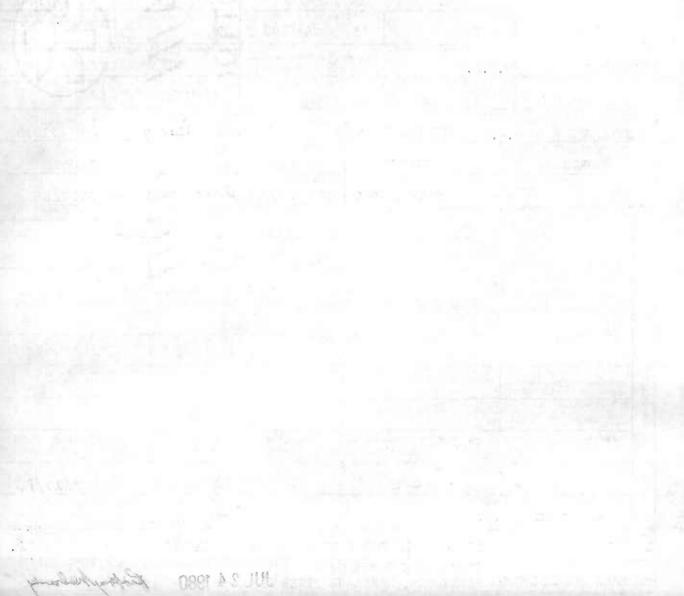
HUBBARD FUNERAL HOME BALTIMORE, MARYLAND 21229 JUL 2 4 1980

FOR - STATE

DHMH - 16 50M 1/76

(VR A 15 (4))

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE



				STATE OF MAKILAND			
5		FOR - STATE REGISTRAR		RENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	REG. N		4 8
	(TYP	CEASED NAME AFRIST		Stone	*	7-17-80	3127M
10	3 SE	Female	White	S DATE OF BIRTH	6. AGE (IN YEARS LAST BIRT	YRS.	WUNDER 24 HRS
n 72 ha	L	IRTHPLACE ISTATE OR FOREIGN OUNTRY) Manyland	76 CITIZEN OF WHAT COUNTRY?	MARRIED HEVER MARRIED WIDOWED DIVORCED	Anne Arun	edel County	MD.
or with		napolis	LE VIOL DI CITCH EVENIEN CHE CONCOR	of home or other institution address; eneral Hospital	120 USUAL OCCUPATION OF ACTORY		BUSINESS OR
should be fill	USU 130.	STATE , 13 COUN	ROTHER INSTITUTION, GIVE RESIDENCE BEFORE NTY Arundel Glen Bu	ADMISSION) N 13d INSIDE CITY LIMITS? YES NO A	38 Lombana	lee (incle	21061
edical exa	14 F.	ALLEN H.	MIDDLE Gosnelysi	15 MOTHER'S MAIDEN NA Marie	M. MIDDLE	Koehlein (AST	
t, the me	16a (WAS DECEASED EVER IN U.S. AR YES, NO OR UNKHOOM) (IF YES, GM	ewar or dates 212-10-50		Stone, St.	138 Embarde	1061 chele
I nen please remove carbo or to burial, cremation, or any injury, or other traum	ION	Conditions, if any, which gove rise to immediate cause 101, stating the underlying cause last	DUE TO, OR AS A CONSEQUE (c) CONDITIONS CONTRIBUTING TO D	NCE OF	AINAL DISEASE OR CON	DITION GIVEN IN PART 1(a)	
Hygiene prior n 18 shows an	CERTIFICATION	190 DATE OF OPERATION		OPERATION WAS PERFORMED	200 AUTOPSY?	20). IF YES, WERE FINDING IN CERTIFYING CAUSES OF YES	
Mental Hyg	_	218. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	HOUR A.M. MONTH DA	21¢ HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	RY IN ITEM 18, PART 1 OR PART 2)	
th and M marked	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	216 PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F	ARM, ETC 21f LOCATION STREET	CITY OR TO	AN COUNTY	STATE
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detached state Dept.		226 SIGNATURE CUSE	1 W Colem	DEGREE ATTENDING PHYSICIAN	MEDICAL STA		IGNED 8
with the State De		ENSER V	V, COLE III	121 CATHS	DRAL ST	- ANNAPOLIS	s Md.
. > =	23a.	BURIAL, CREMATION, REMOVAL Burial	1,7/19/80 , 9	name of cemetery or crematory	Bar Etamon	e . county	spel.
H-16 25M 15, 4) 1/79	24 F	UNERAL DIRECTOR, MC U	Ave. Balto. Ma		UL 1 8 1980	25h. RECO (RAR'S SIGNATU	heady

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1. DECEASED			CAL EXAMINER	'S CERTIFICATE	OF DEATH V	REG. NO.	DAY YEAR	Zb. HOUR
TYPE OR PRINT	Horac	ce Edwi	n	Story	OF E DEATH MA	STI-	24 1980	A
3. SEX Male	4. RACE White		45 55 YRS.	IF UNDER 1 YR. IF UNI	DER 24 HRS. 2c. DATE PRONOUNCE DEAD	MONTH 7	24 ₁₉ 80	24 HOUE 5:55 p. M
	n''N. J.	U.S.A.	٨	AARRIED XXNEVER MA	ORCED Anne A	Arundel Co	ounty	MD
Ode	enton	North A	AL, NURSING HOME, OR V. GIVE STREET ADDRESS) rundel Hosp	other institution	120. USUAL OCCUPAT	ION (TYPE OF WORK G LIFE)	Educat	ISINESS
USUAL RESIDI	NCE (IF IN NURSING HOME O	or other institution, give res	COAST COA	13d. INSIDE CITY LIMITS	13°15342 ATERIO	rook Rd.	4	
14 FATHER'S FIRST Harry	NAME	MIDDLE Stor	LAST	IS. MOTHER'S MA	IDEN NAME MIDDU		aggard	
		MED FORCES? 16	5. SOCIAL SECURITY NO. 219-12-3762	. IT INFORMANT		ADDRESS Odent 342 Tenbr		yland
PAR Co ga	TIDEATH WAS CAUSED	DUE TO, OR AS A	(o), (b), and (c).) A CONSEQUENCE OF	te Chloral	Hydrate in ascular disc	toxicati	APPROXIMAT TRETWEEN ONSE	E INTERVAL T AND DEATH
Tyti	3							
PART 2 0		(c)CONTRIBUTING TO DEATH BUT NO		DISEASE OR CONDITION GIVEN I	N PART 1 (a).			
PART 2 0					N PART 1 (a).		20. AUTOPSY	? NO []
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		1-	STATE REGISTRAR		ME	DICAL EXAMIN	IER'S CERTIFIC	CATE OF DE	APH U	REG. NO.	0	/ 3	U
		I. DE	CEASED NAM	FIRST		MIDDLE	LAST		20. DATE KN	_	MONTH	DAY YEAR	26. HOUR
	ALC:	(TYF	PE OR PRINT)	Martin		L.	Swensen			STI-	7	4 19 80	
	RESERVE	3. SE	(4. RACE	5. DATE OF BIRTH	6. AGE (IN Y	ARS IF UNDER 1 YR.	IF UNDER 24 HRS.	2c. DATE		HTMOM	DAY YEAR	1:55
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	EATH. IF ANY DELAY IS NECESS. S. 1. 2. AND 3 TO THE FUNERAL INC. PM. 3. RETAIN PAGE 5 FOR 10 NUT 2 SHOULD BE FILED, WITHIN 19 VITAL RECORDS, 301 W. PRESTON STREET	1	Vew Jen	sell	U.S.A.		MARRIED NE	DIVORCED 🗍				County	
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	4. IF	14. F/	ATHER'S NAME				15. MOTHE	ER'S MAIDEN NAM	Ē	-	VE	- 21122	
4	DEATH M PM		Hans	1	MIDDLE	C	M	FIRST	MIDDI	.E	1	LAST	1
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2	INER: THIS CERTIFICATE SHOU ICATE, WRITING THE WORD " E. FORWARDED TO THE CHIEF THE STATE DEPARTMENT OF P ND, 21201 PRIOR TO BURIAL, C	-	AT WORK	NOT WHILE AT WORK									
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	ICAL EXAM THE CERT SHOULD SRAD DIRE EXATH, WITH RE, MARYL		ACTUAL	Viran	wo Lh	Jolan		istant			DATE	7/6/8	10
	CAL SHORE SH		SIGNATURE.	()	10000		M.D	MEI	DICAL EXAMIN	ER	SIGNED)	
	TO MEDICAL EXAMINE! EXECUTE THE CERTIFICA PAGE 4 SHOULD BE FO TO FUNERAL DIRECTOR AFTER DEATH, WITH THE BALTIMORE, MARYLAND,	100	EXAMINER'S (TYPE OR PRI	NAME Vir	ginia L.	Dolan, M.D	ADDRESS_		111	Penn	Str	eet	
	TO M EXEC PAGE TO FI	23a.B		TION REMOVAL 23	b. DATE	23c. NAME OF CE	METERY OR CREMATO	ORY 123d. L	OCATION Y OR TOWN				
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b	1.	FOR STATE REGISTRAR	DEPAR	TMENT OF HE	OF MARYLAND ALTH AND MENTAL HY CATE OF DEATH	GIENE 8 D	167	5 1
121	I. DE	CEASED NAME FIRST GERALD	THOMAS	rabor LAS	T .	20 DATE OF DEATH JULY	26,1980	2b. HOUR 2:00A
MOM	3. SE	MALE	White	5. DATE OF MONTH	BIRTH YEAR O 5 40	6 AGE (IN YEARS LAST BIR	9 YRS MONTHS DA	YS HOURS MIN
and the state of t	Ma	aryland	76 CITIZEN OF WHAT COUNTRY U.S.A.	MARRIED			DR COUNTY OF DEATH RUNDEL COL	
by the filled with		SLEN BURNIE	11. NAME OF HOSPITAL, NURS (IF NOT IN SUCH FACILITY, GIVE STRE NORTH ARUND)			12a USUAL OCCUPAT (TYPE OF WORK FOR MOST O Maintenan	OF WORKING LIFET INDUST	D OF BUSINESS O RY Ce
filled in hould be	13a. S	AL RESIDENCE (IF NURSING HOME OR STATE 13b COUN MARYLAND ANN	ITY I3c. CITY OR TO	VERN	36 INSIDE CITY LIMITS?	592 OPTO	N ROAD	
ond 2 sl	14 FA	THER'S NAME Unknown	MIDDLÉ LASI		s. mother's maiden no Unknown	MIDDLE	1,50	IAST
on ond co	16a V	vas deceased ever in u.s. ar ves, no or unknown) (if yes, give No	MED FORCES? 166 SOCIAL SEC 546-54-	2207	Mary Lou Tal	or, 592 Upt Severn,	on Road Md. 21144	
equires that the death certificate to a signed by the attending physicia. Then please remove carbon papers to buriol, cremotion, or removal, injury, or other traumatic event, the	z	Conditions, if ony, which gove rise to immediate couse ia, stating the underlying couse lost. PART 2 OTHER SIGNIFICANT C	DUE TO, OR AS A CONSEQUENCE ON THE TOTAL OR AS A CONSEQUENCE ON THE TOTAL OR AS A CONSEQUENCE OR THE TOTAL OR AS A CONSEQUENCE		or related to the ter.	Cardi Doses	by JCD	2 Jean
has been prior permit.	CERTIFICATION	19a DATE OF OPERATION	196 CONDITION FOR WHIC	TH OPE ATION	WAS PERFORMED	200 AUTOPSY? YES NO	20b. IF YES, WERE FIN IN CERTIFYING CAUS	
PHYSICIAN: The ending physicic this certificate to buriol-transit and Mental Hygin d or Item 18 sh		21a ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (IF EITHER, NOTIFY MEDICAL EXAMINER)	21b. TIME OF INJURY HOUR A.M. MONTH P.M.	DAY YEAR	21c. HOW INJURY OCCUP	RRED (ENTER NATURE OF INJU	IRY IN ITEM 18, PART 1 OR PART	2}
St of of sk	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE	E, FARM, ETC.]	21f. LOCATION STREET	CITY OR TO	WN COUNTY	STATE
pritol TOR. for us of He		saw the deceased office on	tol) ottanded the daceased from 8.19.	80, one	that in (my) (our) opinion EGREE ATTENDING PHYSICIAN	MEDICAL STA	22c. DA	the couses stated ATE SIGNED
TO HOSPITAL OR A retained by the hos TO FUNERAL DIRECTO FOR with the State Dept.		PHYSICIANIS NAME (TYPEO)	leiss M. [) _	606 H	ouword	es save.	-2122
BP	230. (BURIAL, CREMATION, REMOVAL SPECIFY BUrial			of Faith	23d LOCATION CITY OR TOWN Baltimor	e Baltimore	Md.
DHMH - 16 50M 1/76 (VR A 15 (4))		uneral director cholas T. Matth	ews, 3021 Easte Baltimore,	rn Aven		TE REC'D, BY REGISTRAR	256	Lody

FOR

REGISTRAR

- STATE

DHMH-16 25M (VRA 15, 4) 1/79 STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG. NO

1980

IF UNDER LYEAR

INDUSTRY

KrwiN

YES TIX

COUNTY

COUNTY

22c. DATE SIGNED

26 HOUR

126. KIND OF BUSINESS OR

APPROXIMATE INTERVAL

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STATE

IF UNDER 24 HOS

8 2 2 2 20 20 30 3 All from the second of the second POTUNES ANTI-1ST LOLL STREET IN 21213 HARRY WALLEY, N.D. 2- 20 Copy of S 101 injury, or other troumatic event, th

should be detoched for use os the buriol-tronsit permit. Then please remove carbonpape with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar removal

IMPORTANT: If Item 21 is marked or Item 18 shows any

certificate has been signed by the attending

	1-	FOR STATE REGISTRAR		MENT OF I	E OF MARYLAND HEALTH AND MENTAL HYG FICATE OF DEATH	IENE 8 0)	6 7	5 3
		CEASED NAME FIRST OR PRINT) James	Herman		Tays		1980	AY YEAR	25 HOUR 2145 M
	3 SEX	Male	White	5 DATE O		6. AGE (IN YEARS LAST BIRTI		ONTHS DAYS	# UNDER 24 HRS HOURS MIN.
9	T€	RTHPLACE (STATE OR FOREIGN OUNTRY) ennesee ity or town of Death ort Meade	76. CITIZEN OF WHAT COUNTRY? USA 11. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET FOR THE POPULATION OF THE PROPERTY OF THE POPULATION	WIDOWI IG HOME (ADDRESS)	OR OTHER INSTITUTION	9 BALTIMORE CITY O Anne Aru 120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF	nde 1 On F WORKING LIFE)	12b. KIND O	MD. F BUSINESS OR
5	USUA 130 S N	AL RESIDENCE (IF NURSING HOME OF STATE Maryland Anni ATHER'S NAME FIRST	e Arundel Glen B	E ADMISSION)	13d INSIDE CITY LIMITS? YES: NOXX	13. STREET ADDRESS 414 Delman	(Ret	ue S.F	ο,
1	16a V	VAS DECEASED EVER IN U.S. AR	onso Tays	IRITY NO.	Mattie	Jane	See man	Rowede Driv	
	()	Yes 191	WAR OR DATES) 3-1945 215-26- nly one cause per line far (a), (b), an	d IC	Mr John W Ha: Heart Failure		rna Pa	rk, Md	MATE INTERVAL DNSET AND DEATH
	NO	Conditions, if any, which gove rise to immediate cause 10, stating the underlying cause last	DUE TO, OR AS A CONSEQUE (b) Renal DUE TO, OR AS A CONSEQUE (c) CONDITIONS CONTRIBUTING TO	ENCE OF Failu ENCE OF	re	inal disease or conf	DITION GIVE	N IN PART 1(c	11
7	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATIO	ON WAS PERFORMED	200. AUTOPSY?	20b. IF YES, IN CERTIFY YES	WERE FINDING CAUSES	IGS USED OF DEATH? NO
}	MEDICAL CER	218. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK NOT WHILE AT WORK 220. I certify that (1) (this hospi saw the deceased alive an above. (1) (we) (did) (did as 22b. ST	P.M. 21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, Factory) ottended the deceased from 1 July 19 11 view the body after death	19 FARM, ETC.)	211 LOCATION 211 LOCATION 211 LOCATION 211 LOCATION DEGREE ATTENDING PHYSICIAN 22e ADDRESS	city or tow	T, 1	22c. DATE	
		Vicente P. Ar	ng, MD	0		, Maryland 2	20755		
	23a B	BURIAL, CREMATION, REMOVAL SPECIFY) Burial			Hill Cemete	23d. LOCATION CITY OR TOWN	lk 1 zzn	OUNTY DO WIS	STATE

DHMH - 16,50M 7/77 (VR A 1,5 (4))

BP.

TO FUNERAL DIRECTOR: After this etained by the hospital or

24 FUNERAL DIRECTOR ABELIANAME Singleton Funeral Home, Glen Burnie, Md.

July 7,80

metery Brooklyn Park A

256. DATE REC'D. BY REGISTRAN 256. RE STRAN'S SYNAWRE

JUL 7 1980

Cedar Hill Cemetery

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	6		FOR STATE REGISTRAR			CERTIF	ICATE OF DE	ATH	REG. N		1	5 4
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2 sho		14 FA	THER'S NAME	•Д.	leren i	DULITE	YES 15. MOTHER'S	MAIDEN NAME	20 South	1 Meado	ow Dr	ive
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Poges		()	(IF YES, GIV	one				laau	ghter) ^{ADDRE} a Heiser			
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ental Hygier Ibom 18 cho	54	_	2 To. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE.	HOUR A	OF INJURY A.M. MONTH P.M.	DAY YEAR	21c. HOW INJU	JRY OCCURRE	CENTER NATURE OF INJUR	LY IN ITEM 18, PART 1	OR PART 2)	
and one wer	5	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE	E OF INJURY STREET, FACTORY, OFFIC		216 LOCATION STREET	ı	CITY OR TOW	/N (COUNTY	STATE
eolil			22a-I certify that (I) (this hosp	tal) attended t	the deceased from	1		19	, to	, 19	, th	not (I) (we) lost
21.0		1	sow the deceased alive on		ly ofter death	, or	nd that in (my) (o	iur) opinion des	oth occurred on the do	ote and hour and	d from the co	ouses stated
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d be St			THE PHYSICIAN'S NAME (TIME)	(PRINT)			22e ADDRESS	325 H	HOSPITAL	DRIVE		
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5 4		23a. E	URIAL, CREMATION, REMOVAL	23b. DATE	236	NAME OF C	EMETERY OR CR	EMATORY	23d. LOCATION CITY OR TOWN	COU	,	STATE
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medicol	16a V	VAS DECEASED EVER I	N U.S. ARMEI	D FORCES?		SECURITY NO. 14-2074	17. INFORA	ndra V	annoy	ADDRES		e as a	above
s been signed by the seriest Then please in pariar to buriol, cre sony injury, at other	CERTIFICATION	couse 101, stating underlying couse PART 2 OTHER SIGN 19a DATE OF OPERAT	IFICANT CON	VDITIONS CO	Fensi	TO DE ATH BUT			MINAL DISEA		20b. IF YES	, WERE FINDII	NGS USED
nsit pe rgiene shows	ERTI	71a. ACCIDENT WAS UND	FRIVING [7]	21b. TIME C	DE IN ILIRY		Tair HOW	INJURY OCCU	YES _	NO	YES		NO [
ar Item 18 sho	MEDICAL C	OR CONTRIBUTING CC (IF EITHER, NOTIFY MEDICA 21d INJURY OCCURR	AUSE OF DEATH	HOUR A P. 21e PLACE	.M. MONTH .M. OF INJURY IREET, FACTORY, OF	19	21f LOCA		KKED (ENTEX)	CITY OR TOW		COUNTY	STATE
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21 is		sow the decease above. (1) (we) (d		71	ofter death.	20	nd that in m	(our) opinio	n deoth occur	red on the do	te and hou	and from the	couses stoted
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3 ≧	230 (SURIAL, CREMATION, I	n REMOVAL	7/14		Westv	iew C	remato	rium	Caton			altö.Md
50M 1/76 5 (4))		NAME CAYMOND C	. Finl	k	Glen	Burnie	, Mar	yland	LI 6 L	REGISTRAR Z	ISb. REGISTI	RAR'S SIGNAT	TURE ,

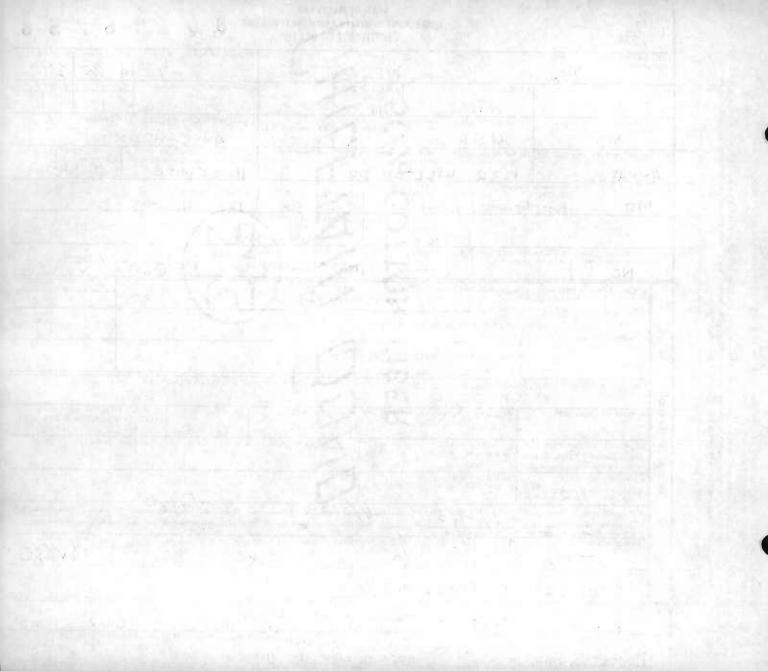
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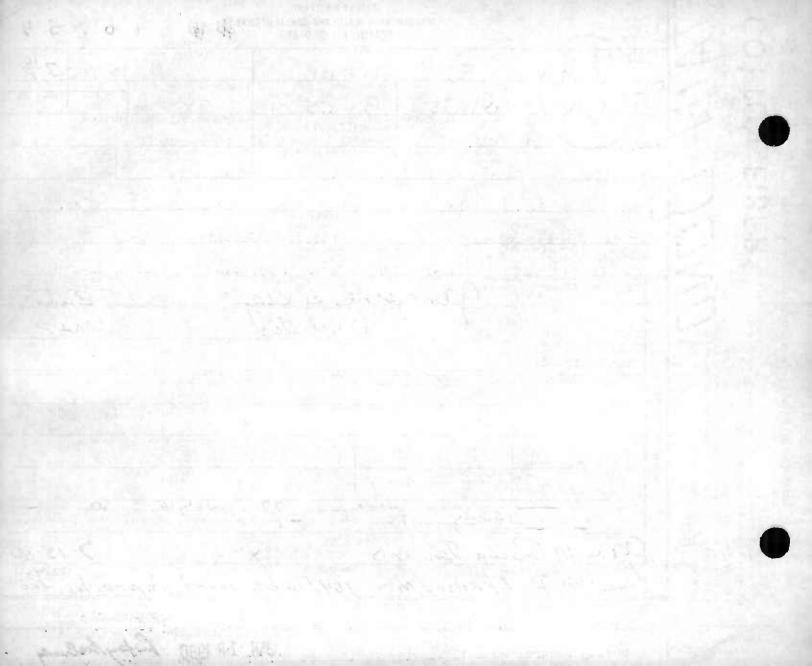
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10	1	- STATE REGISTRAR		DE	CERTIF	9 9	REG. NO. DST				
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1	3. 5	EX	4 RACE		5. DATE C		6. AGE (IN YEARS LAST BE	THDAY)	IF UNDER 1 YEAR	IF UNDER 24 HRS	
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2	70	BIRTHPLACE (STATE OR FORE	IGN 76. CITIZ	76. CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED MARRIED							
2:		Baltimore,			WIDOWE				-	MD	
1	4GI	EN BURNIE	(IF N	NORTH ARU	E STREET ADDRESS) NDEL HOST	ROTHER INSTITUTION	120. USUAL OCCUPATION OF CARPENT	OF WORKING LIFE	Reti	f BUSINESS OR red	
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12	14.	FATHER'S NAME	MIDDLE		CT	15. MOTHER'S MAIDEN	NAME	40-0-0			
2	20	Samuel	MIDDLE	Wa	rd	Lois	MADLE		Sev	ier	
1	160	WAS DECEASED EVER IN	U.S. ARMED FOR	(ATES)	L SECURITY NO.	17. INFORMANT				nie, Md	
		Yes	WW 1	218-	07-2332	Mrs. Els	ie Dunn,716	old	Stage	Road	
		Conditions, if any, we gave rise to immediate couse (a), stating	vhich diate	E TO, OR AS A CON (b) E TO, OR AS A CON							
	CERTIFICATION	PART 2 OTHER SIGNIF				NOT RELATED TO THE T	ERMINAL DISEASE OR CON		N IN PART 110		
G	9 2	170 DATE OF OPERATIO	170	CONDITION FOR	VHICH OPERATION	WAS PERFORMED		IN CERTIFY	ING CAUSES	OF DEATH?	
1	MEDICAL CERT	OR CONTRIBUTING CAL	JSE OF DEATH HC	TIME OF INJURY DUR A.M. MONT P.M.	H DAY YEAR		YES NO	YES		NO [
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		220. I certify that (I) (the source of the s	did not view th	19	_19, an	ATTENDING PHYSICIAL 220 ADDRESS 784:	of MEDICAL STA DIRECTOR PHYSIS Oakwood Roam Burnie, Mar	FF	22c. DATE S		
₹—	230	BURIAL CREMATION RE			23c. NAME OF C	METERY OR CREMATO	RY 23d, LOCATION				
		Burial		Aug.80	Meadow	ridge Mem	.Pk. Elkri	ige, Ho	ward,	Md.	
	24	FUNERAL DIRECTOR				25a.	DATE REC'D. BY REGISTRAF				
-		FUNERAL DIRECTOR		ADDR	ESS	25a.				_	

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	-1						OF MARYLAN		**				
8		FOR STATE REGISTRAR			DEPAI		EALTH AND MI		0 0	3. NO.	1 6	1	5 8
		I. DECEASED NAME	FIRST	N	AIDDLE	1	AST	T	20. DATE OF DEA		DAY	YEAR 2b.	HOUR
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er do		3. SEX		4 RACE		5. DATE C		YEAR	AGE (IN YEARS LA	ST SIRTHDAY)	MONTHS		DURS MIN
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- 0 >0 0	10	ANNAPOL	S	1232	HILL		OR		HOUSE	NIFE		0 14	evine
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thin thin 2 shot inerminery	200	14. FATHER'S NAME	TANNE	HKUNDEL	Human	04.5	15. MOTHER'S		E				
MARY ed will amplete and 2	20	FIRST		MIDDLE	TICE	=		INKNO	WN	DLE		LAST	2.3
RE, P	7	160 WAS DECEASED EV		RMED FORCES?	166 SOCIAL SE	CURITY NO.	17. INFORMAN	IT	A	DDRESS	U LTA	P DK.	
MORE n and c Pages	1	No	(, , , , , , , , , , , , , , , , , , ,		-		MR. E.C	. LAMP		ANNA	PCLIS	MP.	21401
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he lor on.	7	E E							YES NO		YES [CAUSES OF	NO [
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	1	FOR - STATE REGISTRAR	DEPA	RTMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE 8 0	16/59
		CEASED NAME FIRST	WIDDLE	LAST	20 DATE OF DEATH	MONTH DAY YEAR 26 HOUR_
ge 3 eoth	(TYP	E OR PRINT) CIAR	O E.	iseph		7 15 1980 3 7
	3. SE	X	4. RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIR	RTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN
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offer dwift	10 0	TTY OR TOWN OF DEATH	(IF NOT IN SUCH FACILITY, GIVE ST	RSING HOME OR OTHER INSTITUTION (REET ADDRESS)	120 USUAL OCCUPAT	
no by		nnapolis IAL RESIDENCE IF NURSING HOME O	Anne Arundle		Housewife	
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the o		gove rise to immediate couse (a), stoting the	DUE TO, OR AS A CONSE	OUENCE OF		0
that that lby ease al, cr		underlying couse lost.	(c)			
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 NG PHYSICIAN: The law requires that the death certificate be executed within 24 hours retending physician. When this certificate has been signed by the attending physician and completely filled in by as the burial-transit permit. Then please remove carbanpapers: Pages I and 2 should be fill the and Mental Hygiene prior to burial, cremotian, or removal. The provided or them 18 shows any injury, or other traumatic event, the medical examiner must be an orked or them.	Z	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING	TO DEATH BUT NOT RELATED TO THE TER	MINAL DISEASE OR CON	NDITION GIVEN IN PART 1(0)
mit. I	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WH	IICH OPERATION WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE FINDINGS USED
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AG F other ther thought house	>	AT WORK AT WORK	(ALTIONE, STREET, TACTORT, OFF	IGE, FARM, ETC./		J
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CTO CTO I for a spirit		saw the deceased alive or above, (1) (did) (did)	n 5 July 1 view the bady after death.	9 LO, and that in (my) (opinion	n death accurred an the c	dote and haur and from the causes stated
OR he ho DIRE		SIGNATURE	2.0	DEGREE	- AMEDICAL STA	22t. DATE SIGNED
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	230.	BURIAL, CREMATION, REMOVA	L 23b. DATE	231. NAME OF CEMETERY OR CREMATORY	CITY OR TOWN	COUNTY STATE
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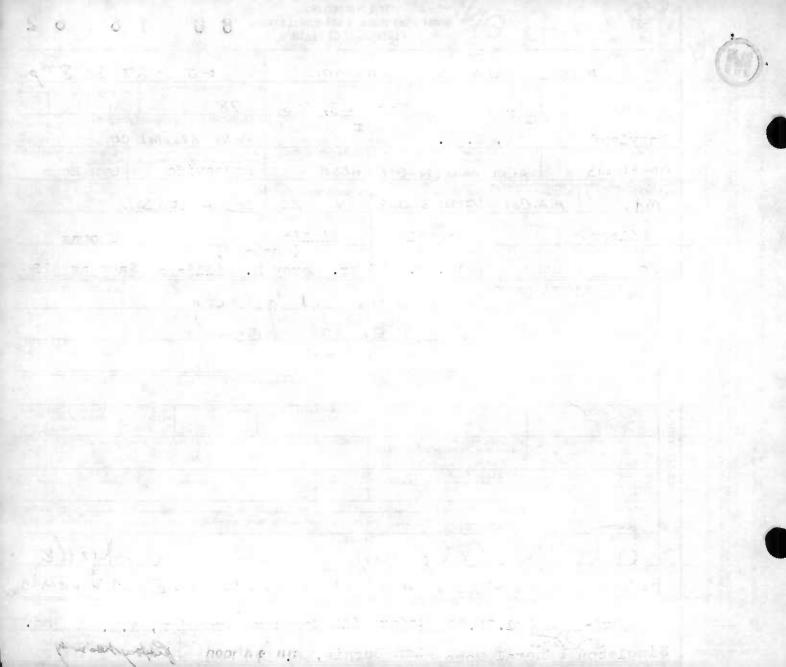
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21d. INJURY OCCURRED WHILE NOT WHILE			HOUR A.M. MONTH DAY YEAR	2	NTER NATURE OF INJURY IN ITEM 18 PART 1 OR I	'ART 2)	
AT WORK AT WORK Nome 120. I certify that I took charge of the remains described above, held an death resulted am: 121. I certify that I took charge of the remains described above, held an death resulted am: 122. I certify that I took charge of the remains described above, held an death resulted am: 123. Inspection I, Inquiry I, and in my opinion 133. ITILE (SPECIFY) 133. INDURIAL SPECIFY) 133. BURIAL CREMATION REMOVAL I 233. DATE 134. DATE STORMED REMOVAL I 233. DATE 135. BURIAL CREMATION REMOVAL I 233. DATE 136. BURIAL CREMATION REMOVAL I 233. DATE 136. BURIAL CREMATION REMOVAL I 233. DATE 137. DATE STORMED REMOVAL I 233. DATE 138. BURIAL CREMATION REMOVAL I 233. DATE 138. BURIAL CREMATION REMOVAL I 233. DATE 138. BURIAL CREMATION REMOVAL I 233. DATE	S			U Sell ingested			
270. I certify that I took charge of the remains described above, held an Autopsy X Inspection , Inquiry , and in my opinion death resulted am: Natural earses; Accident , Suicide , Homicide , Undetermined monner , TITLE (SPECIFY) ACTUAL SIGNATURE	ME	WHILE AT WORK AT WORK	street, FACTORY, FARM, ETC.)	STREET	Squares Glen Bui	ounty	STATE CO. MC
ACTUAL SIGNATURE ACTUAL SIGNATURE MEDICAL EXAMINER SIGNED 7/17/80 EXAMINER'S NAME Hormez R. Guard, M.D. ADDRESS 111 Penn Street, Balto., MD 21201 230 BURIAL CREMATION REMOVAL 123b, DATE 123c NAME OF CEMETERY OF CREMATORY 123d, LOCATION							
ACTUAL SIGNATURE MEDICAL EXAMINER DATE 7/17/80 EXAMINER'S NAME HORMEZ R. Guard, M.D. ADDRESS 111 Penn Street, Balto., MD 21201 230 BURIAL CREMATION REMOVAL 230 DATE 1230 NAME OF CEMETERY OF CREMATORY 1236 LOCATION		death resulte am: Natura	Accident . Su	icide . Homicide . U	Indetermined manner,		
EXAMINER'S NA FE HORMEZ R. Guard, M.D. ADDRESS, 111 Penn Street, Balto., MD 21201 236, BURIAL CREMATIC NEMOVAL 230, DATE 1236, NAME OF CEMETERY OF CREMATORY 1236, DURIAL CREMATIC NEMOVAL 230, DATE		LACTUAL AMA	who have			7/17/00	
336 BURIAL CREMATIN REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 1336 LOCATION	1			M.D.ASSISTANT	MEDICAL EXAMINER SIGN	1/1//8C)
230. BURIAL CREMATION, REMOVAL 236. DATE 231. NAME OF CEMETERY OF CREMATORY 236. LOCATION	1	EXAMINER'S NA E Horme 2	z R. Guard, M.D.	ADDRESS 111 Pent	n Street, Balto., M	D 21201	
(SPECIFY) CITY OR TOWN COUNTY STATE	23a. E	SPECIFY)			CITY OR TOWN	UNTY STATE	
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been mit. I	A	CAT	190 DATE OF OPERATION	196. CONDITION FOR WHICH	OPERATION WAS PERFORMED	20a AUTOPSY?	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?	
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The physician tificate haltransit polygien	0	CERTIFI	210. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY	21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY		
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Aft olth			22a.1 certify that (I) (this haspit	ral) attended the deceased from_	1875	10 M-30	19 80 , that (I) (we) last	
TEN ital			sow the deceased alive on	7-16 195	ond that in (my) (our) opinion	death accurred on the dat		
A C C S A			obove, (I) (we) (did) (did	t) view the body ofter death.	DEGREE		22¢ DATE SIGNED	
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	1			STATE OF MARYLAND		
	L	FOR STATE REGISTRAR		RTMENT OF HEALTH AND MENTAL H CERTIFICATE OF DEATH	YGIENE 8 0	
	(14)	CEASED NAME PIRST	T L.	Williams	20 DATE OF DEATH	MONTH DAY YEAR 21 HOUR 3 7 8 5
Page 4 may	3 SI	m	RACE	S. DATE OF BIRTH MONTH DAY SEAR SEAR	6 AGE (IN YEARS LAST BIR	MONTHS DAYS HOURS MIN
uneral di n 72 hou tufied at	3 1	(ICQ101G	CITIZEN OF WHAT COUNTY	MARRIED NEVER MARRIED	BALTIMORE CITY O	Proode M
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an and con Pages 1	160	WAS DECEASED EVER IN U.S. ARME (YES, NO OR UNKNOWN) (IF YES, GIVE W.	ARORDATES)	12508 MCFGOT	ewillion	some coff C
e death certific ttending physis e carbon paper ion, or remove r traumatic eve		PART I. DEATH WAS CAUSED E IMMEDIATE C Conditions, if any, which	BY	miA.	- failure	APPROXIMATE INTERVAL
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aw requires een signed Then pleas or to buria any injury	NO	PART 2 OTHER SIGNIFICANT CO	encinons contributing	A CLM CI	ERMINAL DISEASE OR CON	DITION GIVEN IN PART 1(0)
an. cate has b it permit. ygiene pri	CERTIFICATION	19a DATE OF OPERATION	196 CONDITION FOR WH	ICH OPERATION WAS PERFORMED	200 AUTOPSY? YES NO	206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES \(\bigcup \text{NO} \text{\tin\text{\tinit}\text{\texi{\text{\texi{\text{\text{\texi{\texi{\texi{\text{\texi{\texi{\texi{\texi{\texi\texi{\tex{\texi{\texi{\texi{\texi{\texi{\texi{\texi{\texi{\texi{\texi{\tex
HYSICI/ physicia is certifical-trans ental H or Item		2)8. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	216 TIME OF INJURY HOUR A.M. MONTH P.M.		URRED (ENTER NATURE OF INJU	RY IN ITEM 18, PART 1 OR PART 2)
NDING PH attending R: After this as the burn salth and M is marked of	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK	218 PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFI	ICE, FARM, ETC.)	CITY OR TO	NN COUNTY STATE
TT OIL OIL S	F	228.1 certify that (IV) (this haspital sow the deceased glive on above, (I) (we) (did (did not) v	7 / ~	9 80, and that in (my) our) opini	on death occurred on the d	ate and hour and from the couses stated
HOSPITAL OH ined by the hosp FUNERAL DIRE id be detached for the State Dept.		226 SIGNATURE	Sama	DEGREE ATTENDING PHYSICIAN	MEDICAL STA	FF CIAN 224. DATE SIGNED
TO HOSPITAL OH Aretained by the hospital TO FUNERAL DIRECT Should be detached for with the State Dept. of IMPORTANT: If Item		226 PHYSICIAN'S NAME (TYPE OR PR	[- Jama	120 ADDRESS / CO ()	6 Fores	of Drive.
BP	(Bural	7-11-80	13. NAME OF CEMETERY OF CREMATOR	12 Challo	Tabasa PG Md
DHMH-16 25M	29	UNERAL DIRECTOR	00001 4 200MESS	Box 45A 150.0	SUECH BERRYSUR	25b. REGISTRAR'S SIGNATURE

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		STATE OF MARYLAND		
	FOR STATE REGISTRAR	DEPARTMENT OF HEALTH AND MENTAL HYD CERTIFICATE OF DEATH	REG. NO.	6 1 6 4
	ECEASED NAME FIRST PE OR PRINT)	MIDDLE LAST	20. DATE OF DEATH MONTH	27-80 6:00AM
3. SI	TENNIF EX	4 RACE S DATE OF BIRTH MONTH DAY YEAR	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER I YEAR IF UNDER 24 HRS
70	emale BIRTHPLACE (STATE OR FOREIGN	white 7-27-80	YR 9 BALTIMORE CITY OR COUN	s. 3 9
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53 /	nnapolis	Anne Trungol General	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKIN)	G LIFE) 12b. KIND OF BUSINESS OR
B5 130	JAL RESIDENCE (IF NURSING HOME OF STATE NO. 131 COUN	OTHER INSTITUTION, GIVE RESPIENCE BEFORE ADMISSION) 131 GITY OR TOWN 131 INSIDE CITY LIMITS? HYUNGE TOSMENO YES NO	132 SIREET ADDRESS	St.
020 0	Jarence Ro Was deceased ever in U.S. ARI	MODIE + USIFE, JF. 15. MOTHER'S MAIDEN NA PIRST MED FORCES? 166 SOCIAL SECURITY NO. 17. INFORMANT	Lynette	Bearon
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ootion, or removol. troumotic event, th	IB CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE) IMMEDIAT Conditions, if ony, which	Uly one couse per line for iot, (b) old ict D BY: TE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
y, or other	gove rise to immediate couse 101, stating the underlying couse last	DUE TO, OR AS A CONSEQUENCE OF (c) CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM	MINAL DISEASE OR CONDITION	GIVEN IN PART I 10
8 shows ony injury.	190 DATE OF OPERATION	196 CONDITION FOR WHICH OPERATION WAS PERFORMED		YES, WERE FINDINGS USED RTIFYING CAUSES OF DEATH? YES \(\text{NO} \)
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2	sow the deceased alive on.	7-27 19 SC and that in (my) (our) opinion	death occurred on the date and	
ept. of He Item 21 is		t) view the body ofter death. DEGREE ATTENDING	MEDICAL STAFF	hour and from the couses stated 22c. DATE SIGNED
21 is	sow the deceased alive on above, (1) (we) (did) (did not	1) view the body ofter death. 19 0, and that in (my) (our) opinion DEGREE ATTENDING PHYSICIAN		hour and from the couses stated

